

Name
in
Full

Marion E. Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barnard</u>		Town <u>Accugay</u>		County		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>11</u>	Age <u>—</u>	Years <u>—</u>	Months <u>9</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birthplace <u>Alaska W. Va</u>				
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>R. H. Allen</u>				Father's Birthplace <u>W. Va.</u>			
Mother's Maiden Name <u>Mollie Adams</u>				Mother's Birthplace <u>W. Va</u>			
Name of person giving information <u>R H Allen</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary	<u>Cholera Infantum</u>	How long <u>10</u>	<u>2 week.</u>
Immediate	<u>Meningitis</u>	How long <u>3</u>	<u>days</u>

Are the name, age, sex, color, date and place correctly given above? Yes.

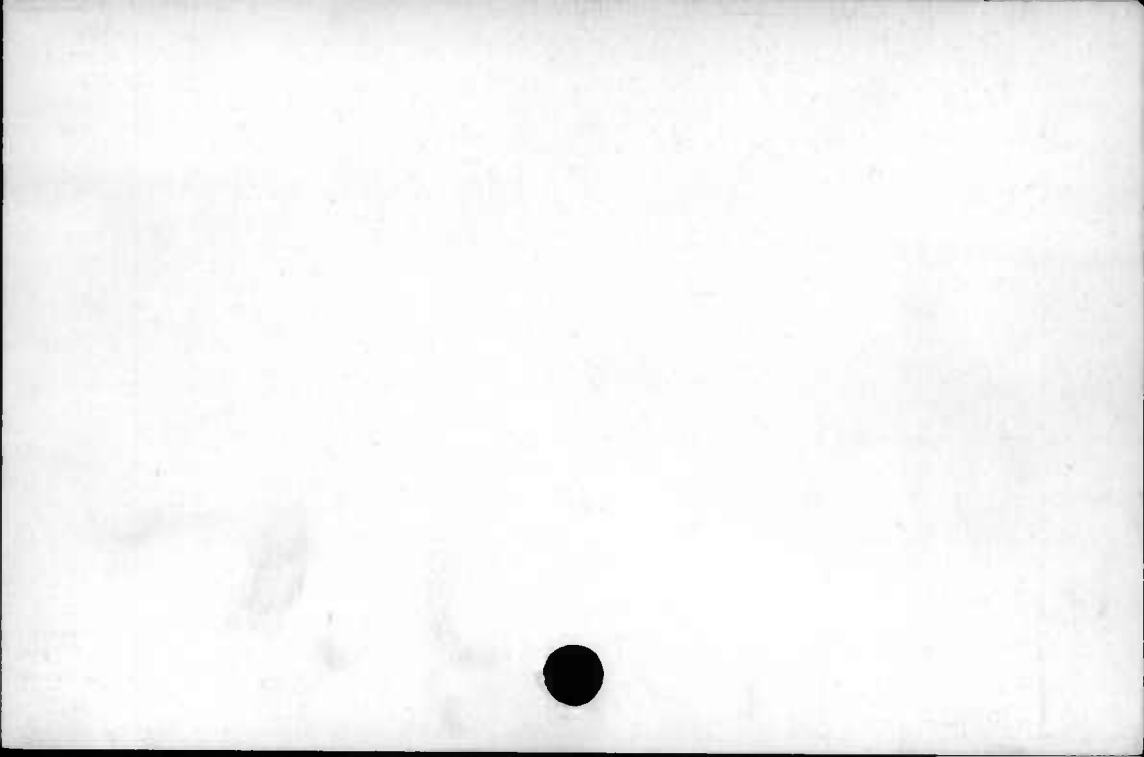
Signature of Physician

Address

J. J. Hilsen
Cumtavel
Me

Accident or Suicide?

LOUIS



Name
In
Full

Baby Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland		^{County} Allegany		MARYLAND	
Date of death 1906 August 22		Age ^{Years} Months ^{Days} Still-born			
Sex Male		Color or Race Colored		Birth-place Cumberland	
Occupation		Where Residing if not at place of death At home			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name David Anderson		Father's Birthplace West Va.			
Mother's Maiden Name Lettie Anderson		Mother's Birthplace D. C.			
Name of person giving information David Anderson		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Craniotomy at birth	How long	
Immediate	Large size	How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. H. Hodges, M.D.	
LOUIS STEIN		Address Cumberland, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

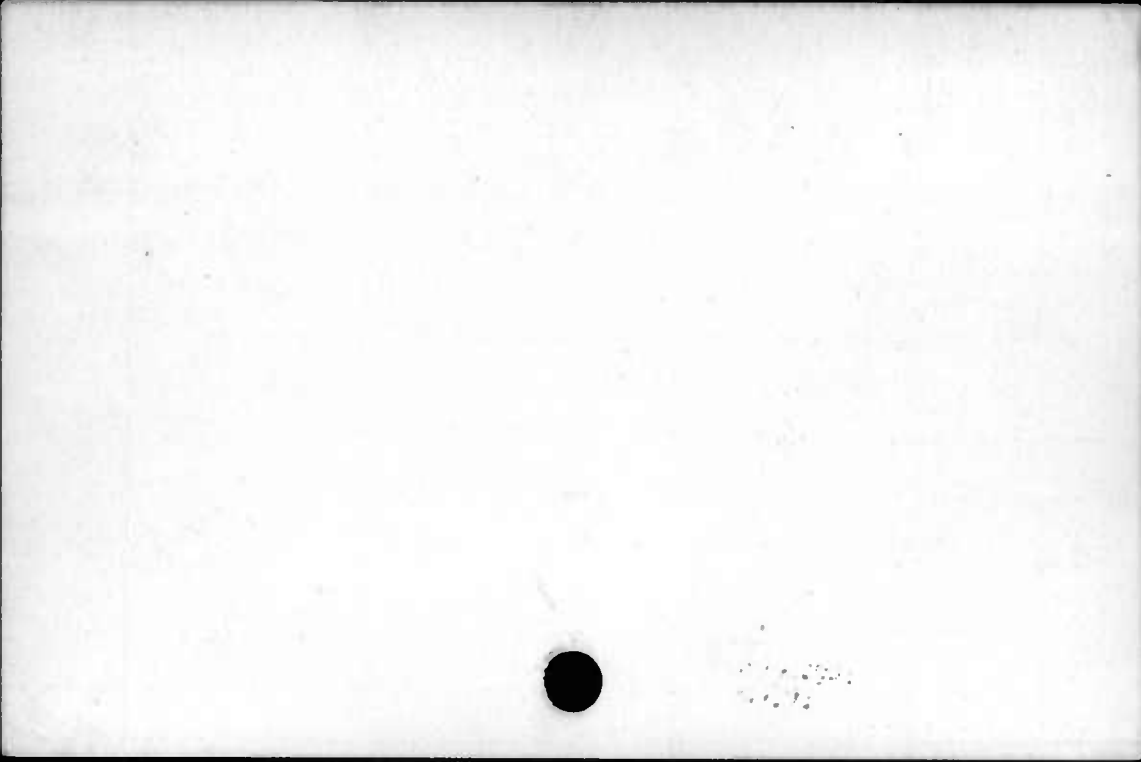
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Lettie Anderson		Town Cumberland		County Allegany		State MARYLAND	
Died at		Month August		Day 23		Years 39	
Date of death 1906		Months ?		Days ?			
Sex Female		Color or Race Colored		Birth-place Washington D.C.			
Occupation House work		Where Residing If not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband David Anderson					
Father's Name Thornton Price		Father's Birthplace D.C.					
Mother's Maiden Name Unknown		Mother's Birthplace (136)					
Name of person giving Information David Anderson		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Placenta - previa - shock - sepsis	How long	3 days
Immediate	Exhaustion	How long	12 hours
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. R. Hodges M.D.	
LOUIS STEIN.		Address Cum berland, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

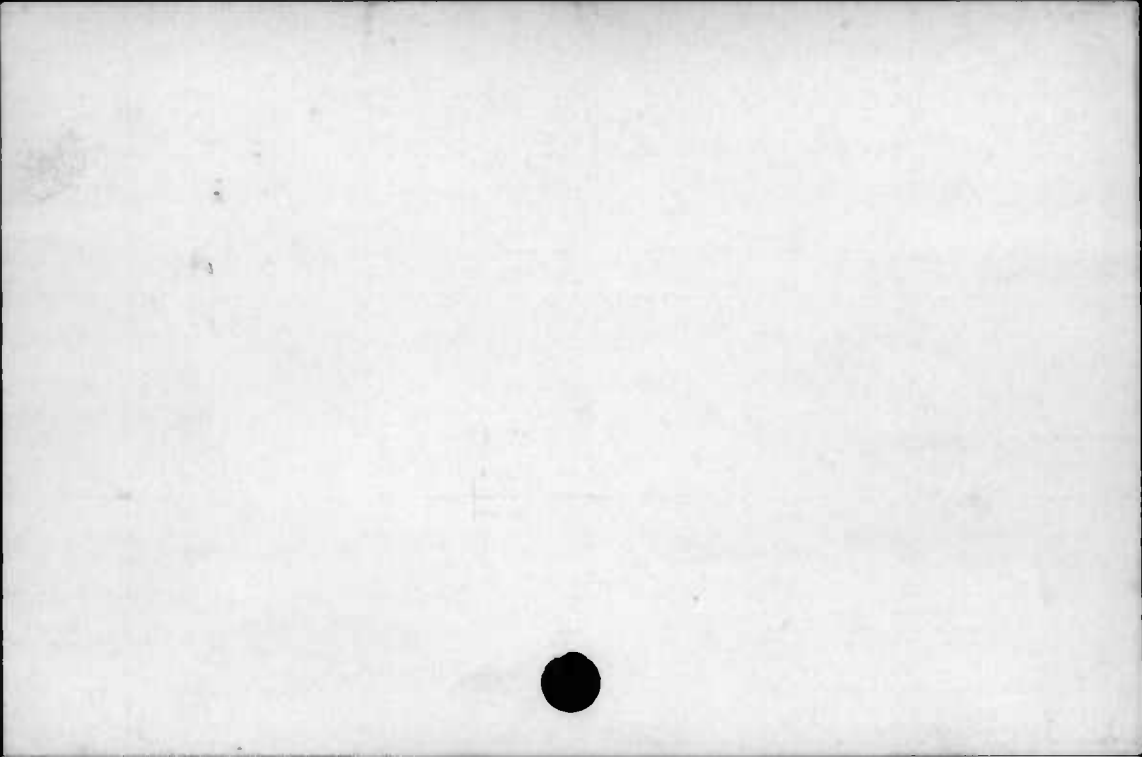
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gilman</i> Town <i>alligum</i> County		MARYLAND	
Date of death <i>1906</i> <i>Aug</i> <i>11</i> <i>Age</i> <i>—</i> <i>Years</i> <i>—</i> <i>Months</i> <i>15</i> <i>Days</i> <i>—</i>	Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Gilman</i>
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	Name of Wife or Husband <i>—</i>		
Father's Name <i>James H Atkinson</i>	Father's Birthplace <i>Frostburg</i>		
Mother's Maiden Name <i>Clara Brown</i>	Mother's Birthplace <i>Linscomb</i>		
Name of person giving information <i>Mrs J H Atkinson</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera-infantum</i>	How long <i>One week</i>
Immediate <i>Convulsions</i>	How long <i>Four hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. D. Skilling</i>
	Address <i>Linscomb</i>
Accident or Suicide? <i>No</i>	



Name

in
Full

Luford Barri

CERTIFICATE OF DEATH

Died at *Lora* TownCounty *Allegany*

MARYLAND

Date of death *1906 Aug* MonthDay *31*

Age

Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Lora -*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*John Barrie*Father's
Birthplace*Austria*Mother's
Maiden Name*Mary Monahan*Mother's
Birthplace*Austria*Name of person giving
In formation*John Barrie*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Still Born - Placenta Previa

How long

Immediate

Cephaly 4 1/2 in

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Geo. C. Bullock M.D.*
Lora, W. Va.

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John

Midland Cong -

Name
in
Full

Infant Barry

CERTIFICATE OF DEATH

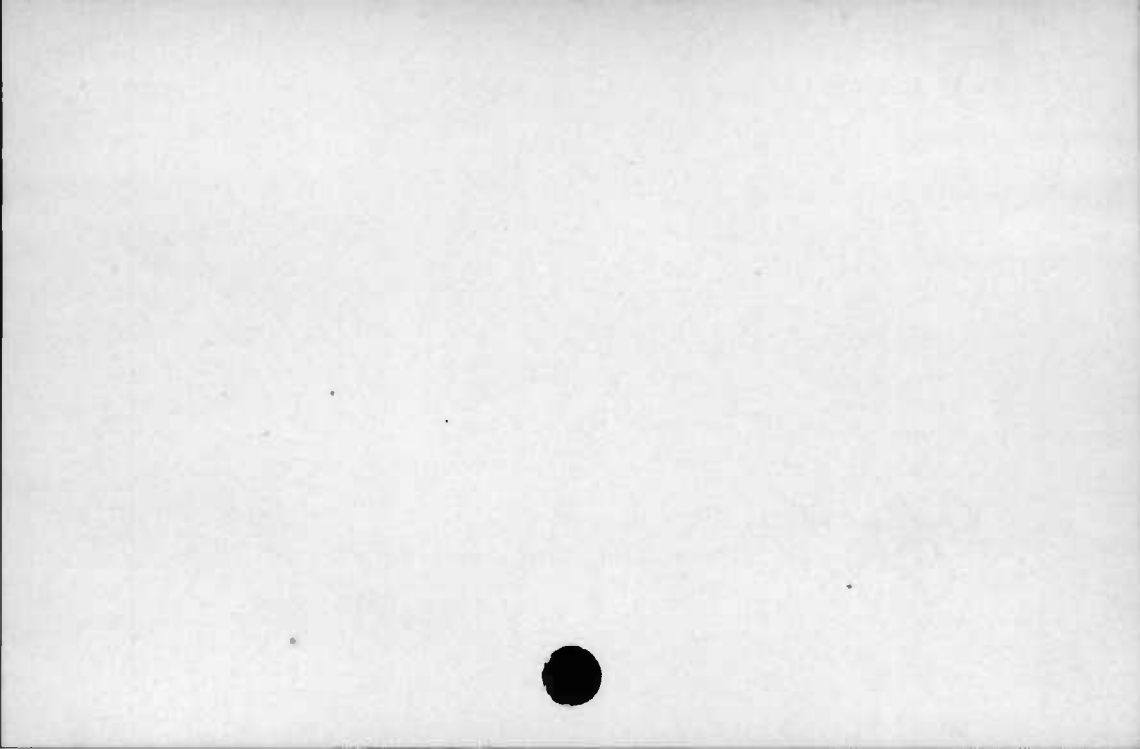
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Somacoring</i> Town		<i>Allegheny</i> County		MARYLAND					
Date of death	1906	Month	<i>Aug</i>	Day	<i>9</i>	Age	Years	Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place		<i>Somacoring</i>			
Occupation			Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband							
Father's Name		<i>John Barry</i>				Father's Birthplace		<i>Somacoring</i>	
Mother's Maiden Name		<i>Lillian Ross</i>				Mother's Birthplace		<i>Somacoring</i>	
Name of person giving information		<i>Mrs John Barry</i>				How related to deceased		<i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Cystic</i>	How long	<i>9 hours</i>
Immediate	<i>Asphyxiation</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>James O. Bullock M.D.</i>	
		Address	
		<i>Somacoring Md</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

Mehine Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

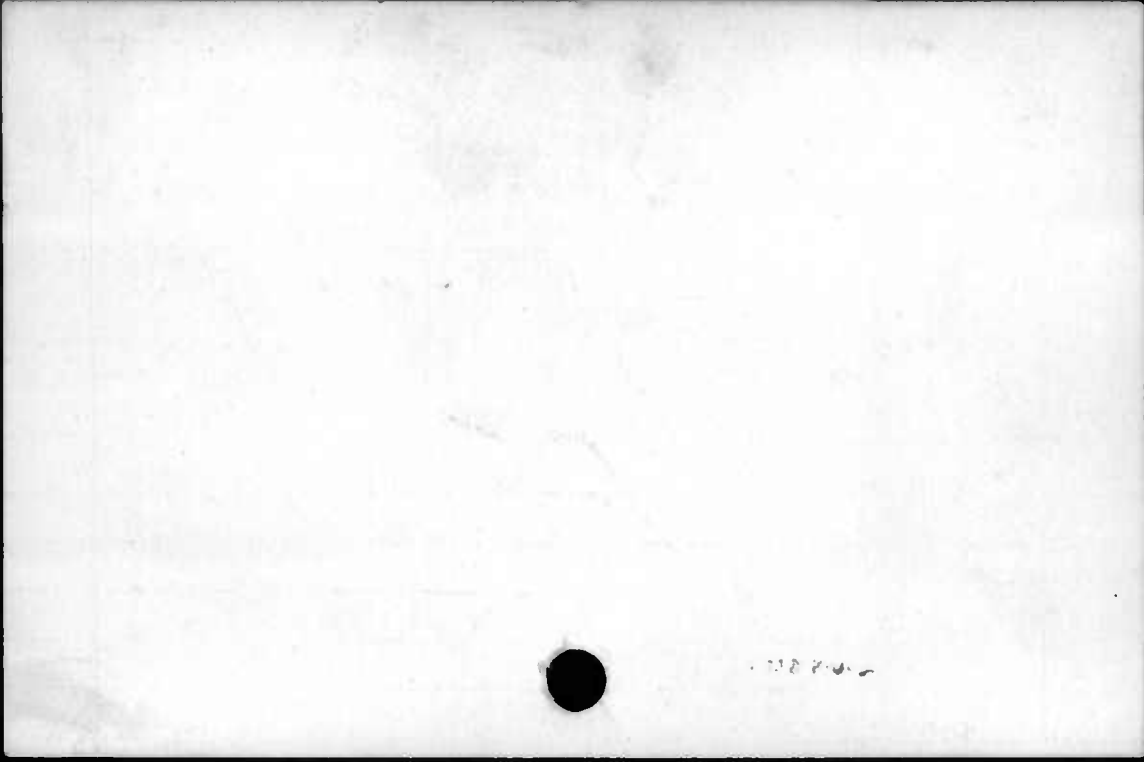
Died at		Town Cumberland		County Calegany		MARYLAND	
Date of death	1906	Month Aug.	Day 22	Age 24	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Cumberland
Occupation	Housewife		Where Residing If not at place of death		Calegany Hospital		
Married, Single or Widowed	Married		Name of Wife or Husband		H. W. Bennett		
Father's Name	Isaac Free				Father's Birthplace	Germany	
Mother's Maiden Name	Mehine Free				Mother's Birthplace	"	
Name of person giving In formation	H. W. Bennett				How related to deceased	Husband	

CAUSES OF DEATH

374

PHYSICIAN
OR CORONER

Primary	Inflammation of ovaries		How long	18 mcs.
Immediate	Shock after abdominal op.		How long	18 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
LOUIS STEIN		A. H. Hawkins		
		Address		
		Hawkins		
Accident or Suicide?				



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Eckhart</i>		Town <i>Allegany</i>		County		MARYLAND
	Date of death	1906	Month	Aug	Day	Monday	Age
	Sex <i>Girl</i>		Color or Race <i>White</i>		Years	Months	Days
	Occupation		Birth-place		<i>Eckhart</i>		
	Where Residing if not at place of death						
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		<i>William C Brown</i>		Father's Birthplace		<i>Clk Gordon, Va</i>
Mother's Maiden Name		<i>May Brown</i>		Mother's Birthplace		<i>Eckhart</i>	
Name of person giving information		<i>M. J. Brown</i>		How related to deceased		<i>Uncle</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Gastro-enteritis</i>		How long		<i>Two days</i>
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		<i>H. O. Mc Lane</i>		
			Address				
	Accident or Suicide?						



Bohn

Ca. 1840's

County

Name in Full Ellen Teresa Cain		CERTIFICATE OF DEATH	
Died at Vale Summit ^{Town}		Alley Harry ^{County}	
Date of death 1906 ^{Month} and ^{Day} 14		Age 67 ^{Years} ? ^{Months} ? ^{Days}	
Sex Female	Color or Race White	Birth-place County Kildare Ireland	
Occupation Housewife	Where Residing If not at place of death Vale Summit		
Married, Single or Widowed Married	Name of Wife or Husband Peter Francis Cain		
Father's Name James Hurney	Father's Birthplace Ireland		
Mother's Maiden Name M - Mc Cormick	Mother's Birthplace Ireland		
Name of person giving information Husband	How related to deceased -		

CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Enterocolitis	How long 3 days	(106)	
	Immediate Collapse	How long Immediate		
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician James C Holdsworth	
	Accident or Suicide? No		Address Escholt Mines Maryland	

G & M

Catholic Cemetery

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shaft</i> Town		County <i>Allegany</i>		MARYLAND	
Date of death	Month <i>Aug</i>	Day <i>12</i>	Age <i>6</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frostburg</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name <i>David Cathcart</i>		Father's Birthplace <i>Scotland</i>			
Mother's Maiden Name <i>Annie Thompson</i>		Mother's Birthplace <i>Scotland</i>			
Name of person giving information <i>David Cathcart</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>1 day</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. J. L. Conroy</i>	
		Address <i>Frostburg Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Northway Chaney

Town

Died at 31 Thomas St

County

Allegheny Co

MARYLAND

Date
of death 1906

Month

8

Day

13

Age

Years

—

Months

7

Days

29

Sex

Girl

Color or
Race

White

Birth-
place

Cumberland Ind

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Richard Chaney

179

Father's
Birthplace

Cumberland Ind

Mother's
Maiden Name

Nettie Nicholas

Mother's
Birthplace

Cumberland Ind

Name of person giving
information

Richard Chaney

How related
to deceased

Father

CAUSES OF DEATH

Primary

Mal Nutrition

189

How long

4 months

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

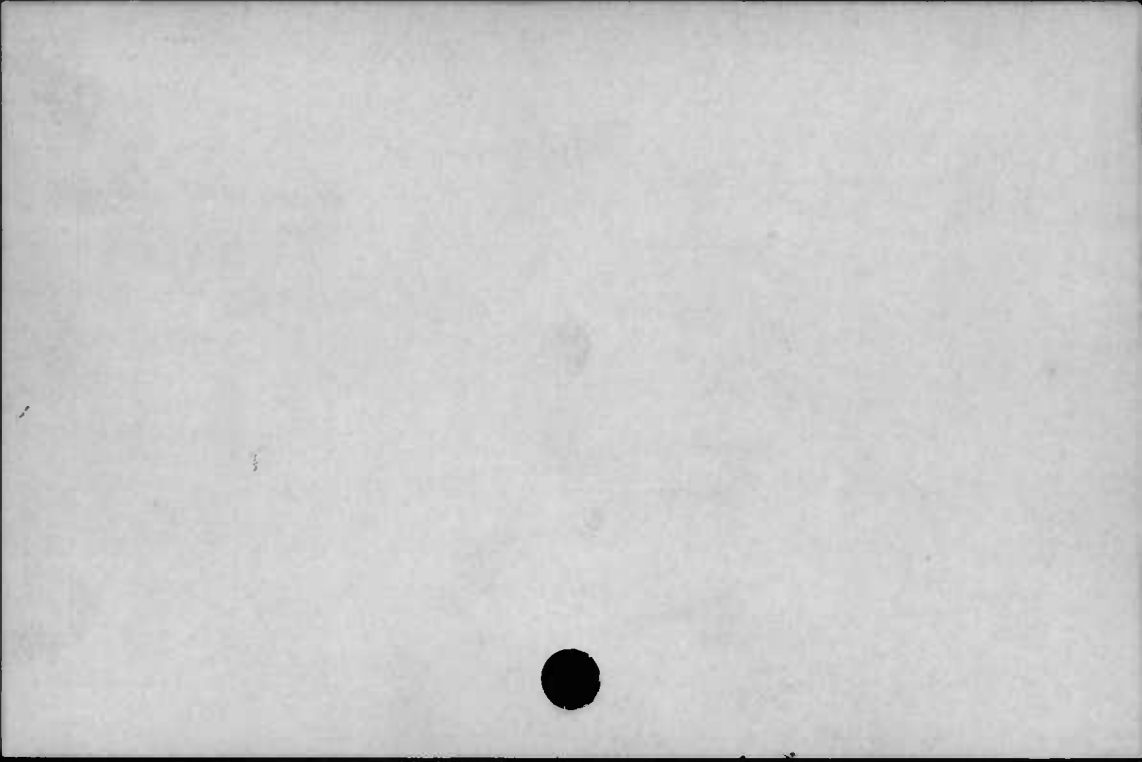
Signature of
Physician

E.H. White

Address

Cumberland Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

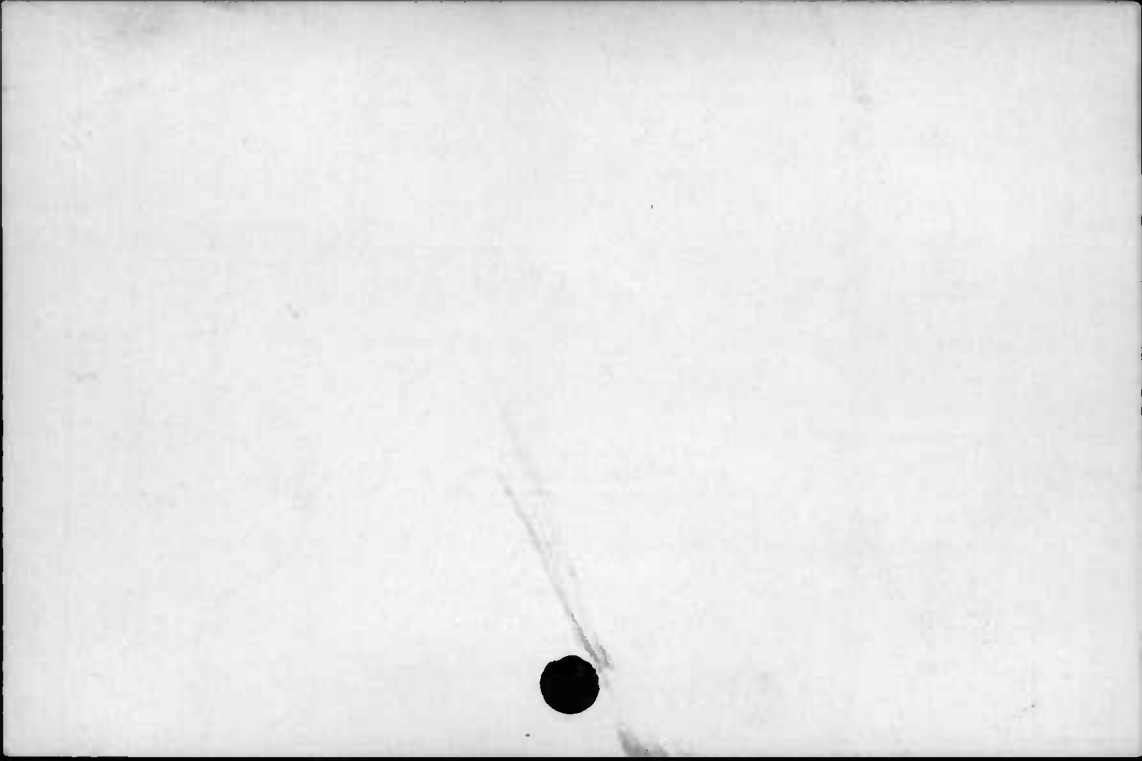
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bedford</i>		Town <i>Bedford</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>1</i>	Day <i>19</i>	Age <i>35</i>	Years <i>35</i>	Months <i>7</i>	Days <i>14</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bedford</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Jacob Conrad</i>				Father's Birthplace <i>Perry Creek</i>			
Mother's Maiden Name <i>Mary Kintner</i>				Mother's Birthplace <i>Bedford</i>			
Name of person giving information				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Killed by P.O. Head crushed</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Mack</i>
	Address <i>Bedford</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	<i>1906 Aug.</i> Month	<i>9</i> Day	Age <i>36</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>School teacher</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Jos. L. Crabtree</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enteritis with Typhoid</i>	How long	<i>5 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. L. Broadbent</i>	
		Address <i>Cumberland Md.</i>	
Accident or Suicide? <i>N</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sonoma</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND								
Date of death	1906	Month	Aug	Day	24	Age	53	Years	9	Months	19	Days
Sex	male		Color or Race	white		Birth-place	Scotland					
Occupation	miner		Where Residing if not at place of death		—							
Married, Single or Widowed	Married		Name of Wife or Husband		<i>Orianna Annan</i>							
Father's Name	<i>Lawson Crichton</i>					Father's Birthplace	Scotland					
Mother's Maiden Name	<i>Helen Winan</i>					Mother's Birthplace	Scotland					
Name of person giving information	<i>Mrs John Crichton</i>					How related to deceased	Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Abscess of brain</i>	How long	<i>3 weeks</i>
Immediate	<i>Rupture of ^{abscess} & Septic meningitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>James O. Bullard, Jr.</i>	
Address		<i>Sonoma Mayland</i>	
Accident or Suicide?		no	



Name
is
Full

CERTIFICATE OF DEATH

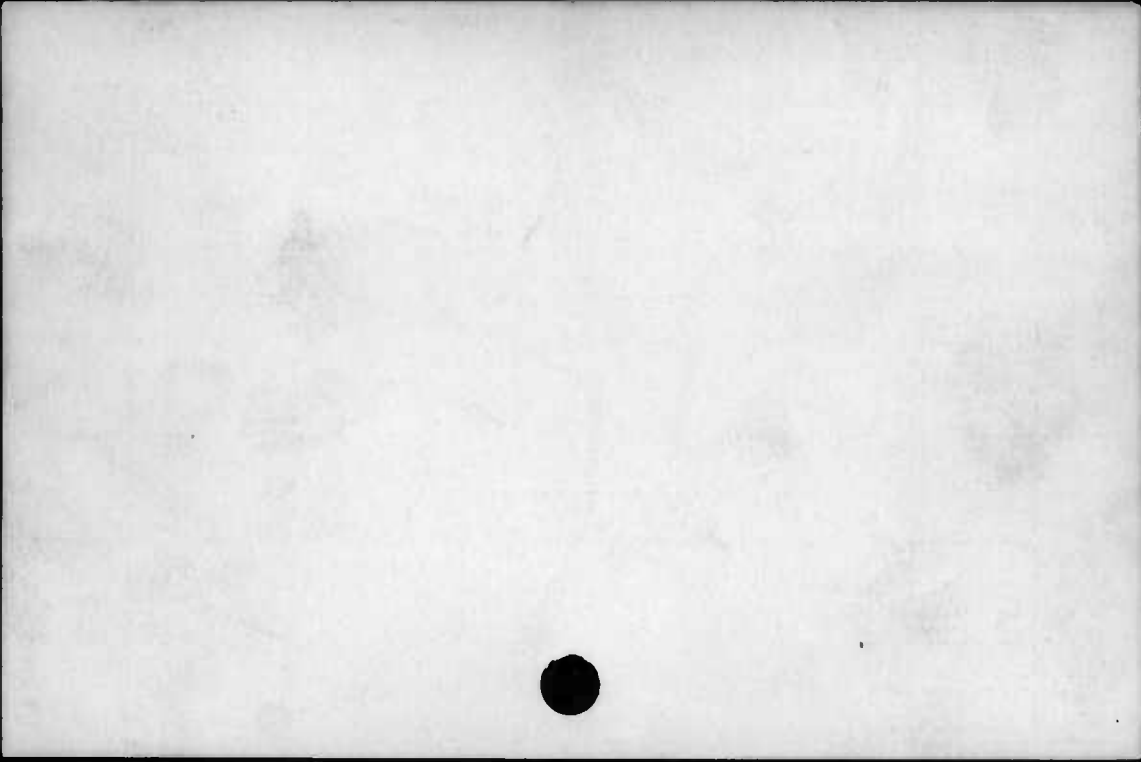
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland Md</i>		County <i>Alleghany</i>		MAYLAND	
Date of death <i>1906</i>	Month <i>aug</i>	Day <i>9</i>	Age <i>5</i>	Months <i>5</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation			Where Residing if not at place of death <i>Cumberland</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>George W. Conuthers</i>			Father's Birthplace		
Mother's Maiden Name <i>Lizzie Stewart</i>			Mother's Birthplace		
Name of person giving information <i>Lizzie Stewart</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>5 Mos.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. H. Brown</i>
	Address <i>Cumberland, Md.</i>
Accident or Suicide?	



Name
In
Full

Mary S. Curry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtola</u> Town		County <u>Augusta</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>11</u>	Age <u>42</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Id</u>		
Occupation <u>Bording House Keeper</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>---</u>				
Father's Name <u>Patric Higgins</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Mary a Slavin</u>	Mother's Birthplace <u>N. Va</u>				
Name of person giving information <u>Elizabeth Curry</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

Primary	How long
Immediate <u>Consumption</u>	How long <u>2 Years</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. L. Barkdoll M.D.</u>
<u>Stun</u>	Address <u>Cumtola Md.</u>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Rena Duckworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

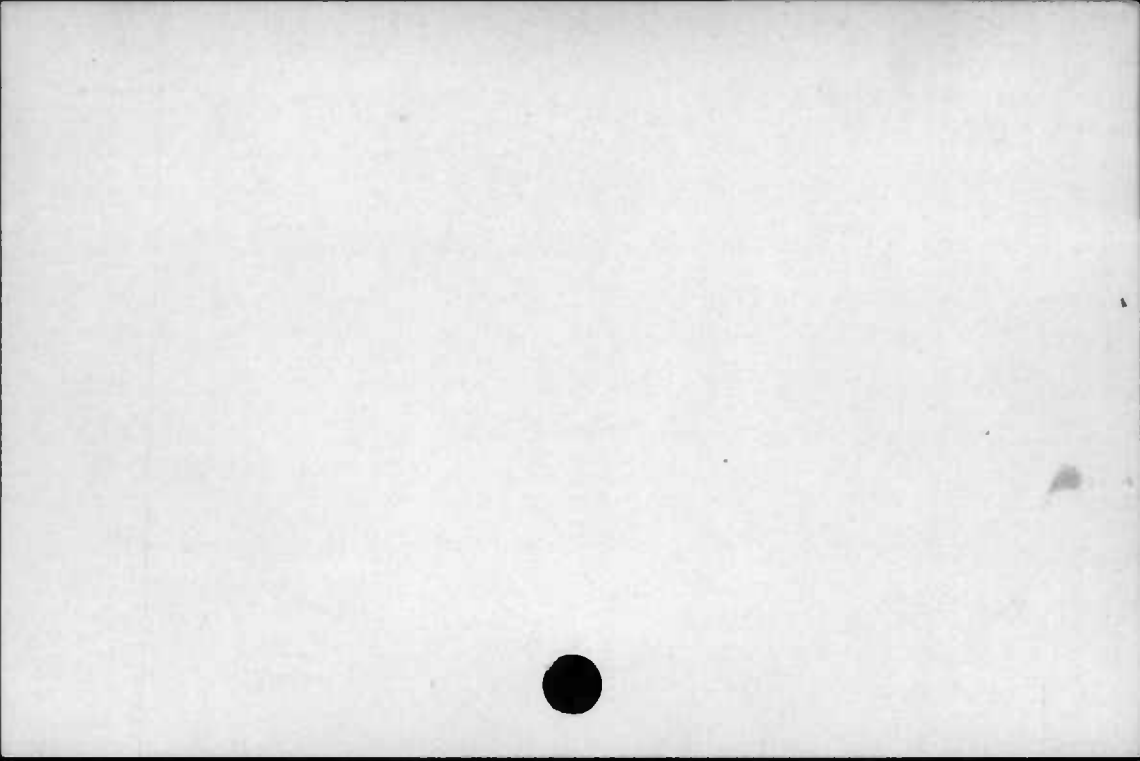
MARYLAND

Died at <i>Smacoring</i> ^{Town}		<i>allgay</i> ^{County}			
Date of death	1906	Month	Aug	Day	5
Age	10	Years	10	Months	11
Sex	Female	Color or Race	White	Birth-place	Westernport
Occupation	Housework		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Samuel Duckworth			Father's Birthplace	Westernport
Mother's Maiden Name	Libbie Miller			Mother's Birthplace	Westernport
Name of person giving information	Samuel Duckworth			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Scarlet Fever, Inert Prostration	How long	8 days -
Immediate	Gangrene - near Anus -	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Samuel C. Bulluck M.D.</i>	
Address		<i>Smacoring Md.</i>	
Accident or Suicide?		no -	



Name
In
Full

Florence

Ellsworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland		County		Allegany		MARYLAND															
Date of death		1906		Month		Aug.		Day		15		Age		Years		Months		Days		21			
Sex		Female		Color or Race		White		Birth-place		Cumberland													
Occupation										Where Residing if not at place of death													
Married, Single or Widowed		Single		Name of Wife or Husband																			
Father's Name		Benjamin Ellsworth										Father's Birthplace		Ohio									
Mother's Maiden Name		Florence Meders										Mother's Birthplace		Cumberland									
Name of person giving information		Benjamin Ellsworth										How related to deceased		Father									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Whooping Cough		How long		10 days.	
Immediate		Distorted heart		How long			
Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		Dr. C. H. Harris	
				Address		Cumberland Md	
Accident or Suicide?		No.					

114

German ss.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Detmold Mine</i>		Town <i>Detmold</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Aug</i>	Day <i>1</i>	Age <i>11</i>	Years	Months <i>8</i>	Days <i>2</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Lomaconing</i>			
Occupation <i>School</i>		Where Residing if not at place of death <i>Lomaconing</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas Fagerbaker</i>		Father's Birthplace <i>Barton</i>					
Mother's Maiden Name <i>Mary G. Spiker</i>		Mother's Birthplace <i>Lomaconing</i>					
Name of person giving information <i>Thomas Fagerbaker</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Run over by mine truck</i>		How long <i>—</i>	
Immediate <i>Asphyxiated. Truck on his back.</i>		How long <i>few minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James Q. Bullock</i>	
		Address <i>Lomaconing Md</i>	
Accident or Suicide? <i>Accident</i>			



Name

in
Full

CERTIFICATE OF DEATH

Dorothy Evelyn Fisher

Town

County

MARYLAND

Died at

Cumberland

Date

of death 1906

Month

Aug

Day

1

Age

Years

=

Months

7

Days

Sex

Female

Color or
Race

White

Birth-
place

Cumberland

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

R L Fisher

Father's
Birthplace

Cumberland

Mother's
Maiden Name

Mary Kennedy

Mother's
Birthplace

Hyndman

Name of person giving
Information

R L Fisher

How related
to deceased

Father

CAUSES OF DEATH

Primary

Meningitis

How long

2 wks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

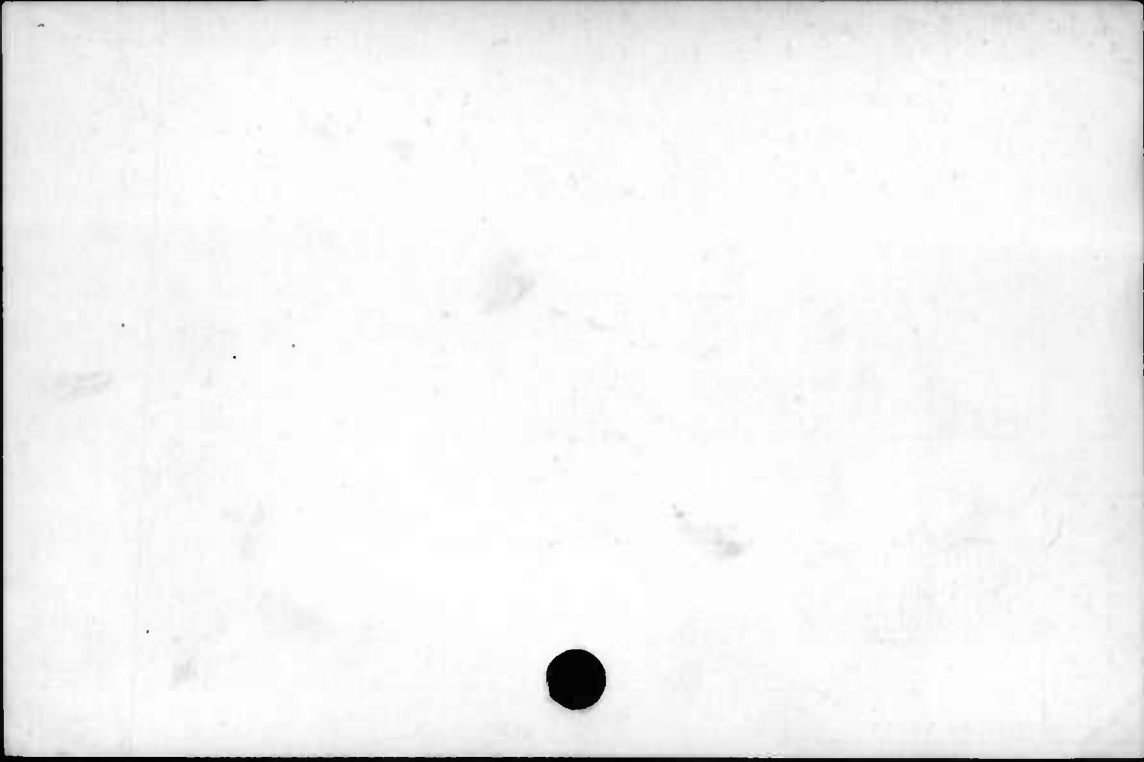
Address

Dr. Thos McDonald

Cumberland
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

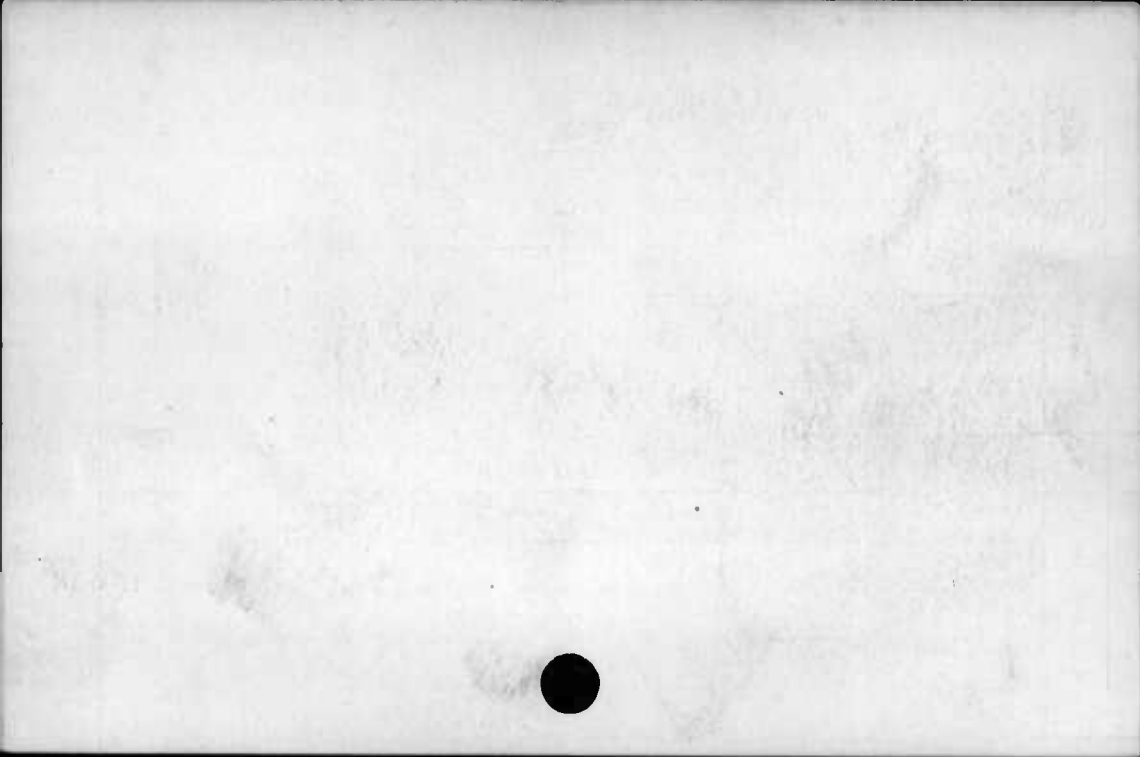
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westonport</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1906</i> Month <i>8</i> Day <i>18</i>		Age <i>63</i> Years		Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Monroeville</i>			
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Westonport</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs. Fisher</i>				
Father's Name <i>Joseph Fisher</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Catharine Fisher</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Martha Fisher</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i> <i>one year</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Parsons</i>
	Address <i>Richmond, Va.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Green

Died at <i>Hoffman</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>1</i>	Age <i>13</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>				
Occupation <i>—</i>			Where Residing If not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Thomas Green</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>— Green</i>			Mother's Birthplace				
Name of person giving information <i>Thomas Green</i>			How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever.</i>	How long <i>about 3 wks</i>
Immediate <i>Purpura Hemorrhagica</i>	How long <i>6 Days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr W M Lane</i>
	Address <i>Frostburg Md</i>
Accident or Suicide?	

Span

Cath

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Gayel Lucerne Green</i>		Town <i>Green</i>		County <i>Alle</i>		State <i>MARYLAND</i>	
Died at <i>Green</i>		Month <i>Aug</i>		Day <i>6</i>		Age <i>6</i>	
Date of death <i>1906</i>		Month <i>Aug</i>		Day <i>6</i>		Years <i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Ind</i>		Months <i>6</i>	
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Charles B Green</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Isabell Kernay</i>		Mother's Birthplace <i>New York</i>					
Name of person giving In formation <i>Charles B Green</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mirasmus</i>		How long <i>3 wks</i>	
Immediate <i>Exhaustion</i>		How long <i>3 wks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr Thos McDonald</i>	
		Address <i>Cumersland</i>	
Accident or Suicide? <i>-</i>		<i>McDonald Ind</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906		Month		Day		Age	
6		Aug		5		11 7	
Sex		Color or Race		Birth-place			
male		white		Alley Co			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Geo Greenham				Alley Co			
Mother's Name				Mother's Birthplace			
Mary Skinner				Alley Co			
Name of person giving information				How related to deceased			
Henry Skinner				grand father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Meningitis		One week	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		D. A. Boncher	
		Address	
		Barton, Md	
Accident or Suicide?			



Name
in
Full

Edward Hollen I

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtland</u>		Town <u>Cumtland</u>		County _____		MARYLAND	
Date of death	1906	Month	Aug	Day	25	Age	Years _____ Months _____ Days 30
Sex	Male		Color or Race	White		Birth-place	unknown
Occupation	_____			Where Residing, if not at place of death _____			
Married, Single or Widowed	_____		Name of Wife or Husband _____				
Father's Name	unknown		this child was left by M. Keane 57			Father's Birthplace _____	
Mother's Maiden Name	"		100 Wm Road about 3 weeks ago by partner unknown			Mother's Birthplace _____	
Name of person giving information	Mr. M. Keane			How related to deceased _____			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Scroph</u>	How long	<u>Lf</u>
Immediate	<u>Edema</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. L. Broadway</u>
		Address	<u>Cumtland</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

CERTIFICATE OF DEATH

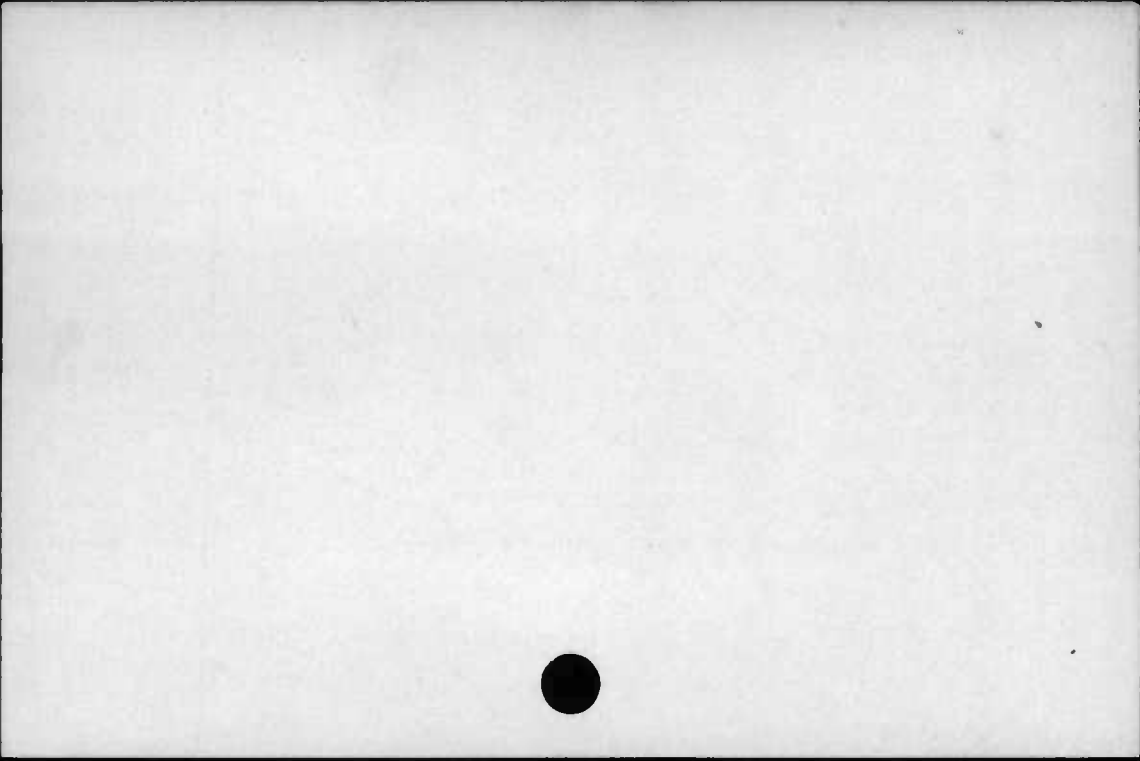
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Elizabeth Hopbell		Town Louisa		County Allegany		MARYLAND									
Died at		Date of death 1906		Month Aug		Day 16		Age		Years 11		Months 15		Days	
Sex Female		Color or Race White		Birth-place Louisa		Occupation		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband													
Father's Name Henry Hopbell		Father's Birthplace Louisa													
Mother's Maiden Name Mary Coleman		Mother's Birthplace Louisa													
Name of person giving information Henry Hopbell		How related to deceased Father													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum		How long 1 week	
Immediate Asbestosis		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Henry M. Hodges	
		Address Louisa	
Accident or Suicide? No			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumtob Town Allegheny County MARYLAND

Date of death 1906 Month 8 Day 4 Age 12 Years 4 Months 4 Days

Sex Male Color or Race B- Birth-place Cumtob

Occupation - Where Residing if not at place of death

Married, Single or Widowed - Name of Wife or Husband

Father's Name Roy

Father's Birthplace Washington D.C.

Mother's Maiden Name Bessie Jackson

Mother's Birthplace Hagerstown Md.

Name of person giving information " " " "

How related to deceased Mother

CAUSES OF DEATH

Primary Broncho-pneumonia

How long Two weeks

Immediate exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Emerson Shanks

Address 63 N. Mechanic St.

Accident or Suicide? yes

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg Md.</i>		County <i>Allegany</i>		MARYLAND	
Date of death	1906	Month	aug	Day	1
Age	60	Years	14	Months	27
Sex	male	Color or Race	white	Birth-place	Wales.
Occupation	miners		Where Residing if not at place of death		
Married, Single or Widowed	Married.	Name of Wife or Husband	Margaret Jeffries		
Father's Name	Geo Jeffries		Father's Birthplace	Wales	
Mother's Maiden Name	Ester		Mother's Birthplace	Wales	
Name of person giving information	J H Morgan		How related to deceased	Son-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of Stomach	How long	40
Immediate		How long	1 1/4 yrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr W O M Lane
		Address	Frostburg Md
Accident or Suicide?			

770
ally

Name

In
Full

CERTIFICATE OF DEATH

Ralph Kaiser

Town

County

MARYLAND

Died at *Cummd.**Allegany*

Date

Month

Day

Years

Months

Days

of death

1906 Aug

Age

22

Sex

*Male*Color or
Race*White*Birth-
place*Md*

Occupation

*Clerk*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Henry Kaiser*Fether's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Henry Kaiser*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Heart Disease

How long

Immediate

*"**"*

How long

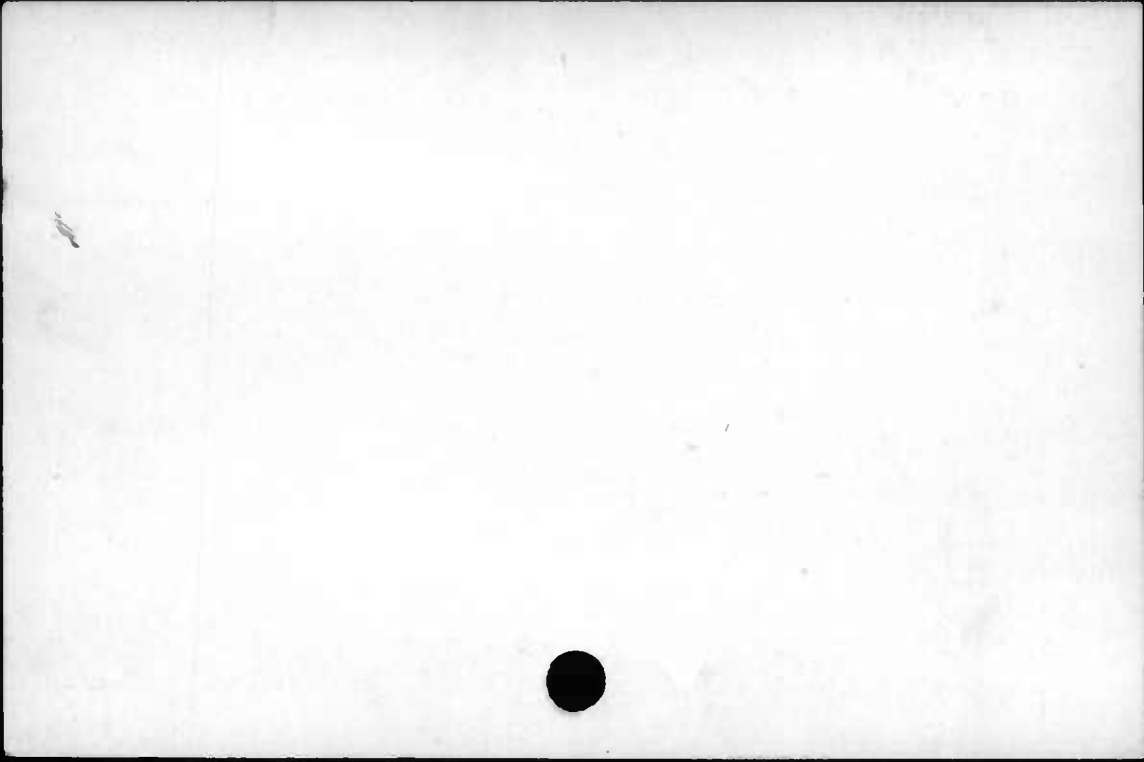
Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician*Dr. W. W. Wiley*

Address

*Cumberland
Md.*

Accident or Suicide?

*LOUIS STEIN**W. W. Wiley*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

August Kallmeyer
Town *Harrodsburg* County *Alley*

MARYLAND

Died at *Harrodsburg*
Date of death *1906 Aug 16* Month *Aug* Day *16* Age *65* Years *3* Months *9* Days
Sex *M* Color or Race *German* Birth place *Germany*
Occupation *Miner* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Ollie Kallmeyer*
Father's Name *Christian Kallmeyer* Father's Birthplace *Germany*
Mother's Maiden Name *Henriette Doucine* Mother's Birthplace *Germany*
Name of person giving information *Wm Kallmeyer* How related to deceased *Son*

CAUSES OF DEATH

Primary *Cancer of mouth & tongue* How long *One year*
Immediate *Exhaustion* How long *Year*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Griffith
Harrodsburg

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Given

Cart Linn. Latta

Name
in
Full

Mary L. Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Vase Summit*County *Alleghany*

Date

of death

1906

Month

Aug

Day

2

Age

64

Years

Months

3

Days

11

Sex

*Female*Color or
Race*White*Birth-
place*Penna*

Occupation

*Housewife*Where Residing if not
at place of death*Vase Summit*Married, Single
or Widowed*Widow*Name of Wife or
Husband*Ezekiel Lewis*Father's
Name*L. M. Lewis*Father's
Birthplace*Unknown*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Unknown*Name of person giving
information*Charles E. Lewis*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Acute Gastro Enteritis

How long

Two days

Immediate

Asthenia

How long

*Immediate*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. C. Holdsworth*

Address

Edgartown

Accident or Suicide?

Isaac E. Mayer

Essex County

Name
in
Full

Percy A. Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Aug	16			4	
Sex	Male	Color or Race	White	Birth-place	Cumberd.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Emory M. Lewis			Father's Birthplace	Va.		
Mother's Maiden Name	Amanda Andrews.			Mother's Birthplace	Md.		
Name of person giving information	"			How related to deceased	Mother		

CAUSES OF DEATH

Primary	Gastro Enteritis	How long	2 or 3 wks
Immediate	Innition	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. H. S. Wailes
		Address	Cumberland Md.
Accident or Suicide?			



Name
In
Full

Clarence Livergood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cumberland ^{County} AlleganyDate of death 1906 ^{Month} Aug ^{Day} 13 ^{Age} 28 ^{Years} ^{Months} — ^{Days} —Sex male ^{Color or Race} white ^{Birth-place} Allegany CoOccupation Miner ^{Where Residing if not at place of death} Meyersdale PaMarried, Single or Widowed Single ^{Name of Wife or Husband} —

Father's Name Livergood

Father's Birthplace —

Mother's Maiden Name —

Mother's Birthplace

Name of person giving information

How related to deceased —

CAUSES OF DEATH

Primary Typhoid Fever
Immediate HemorrhageHow long 10 days
How long one day

Are the name, age, sex, color, date and place correctly given above?

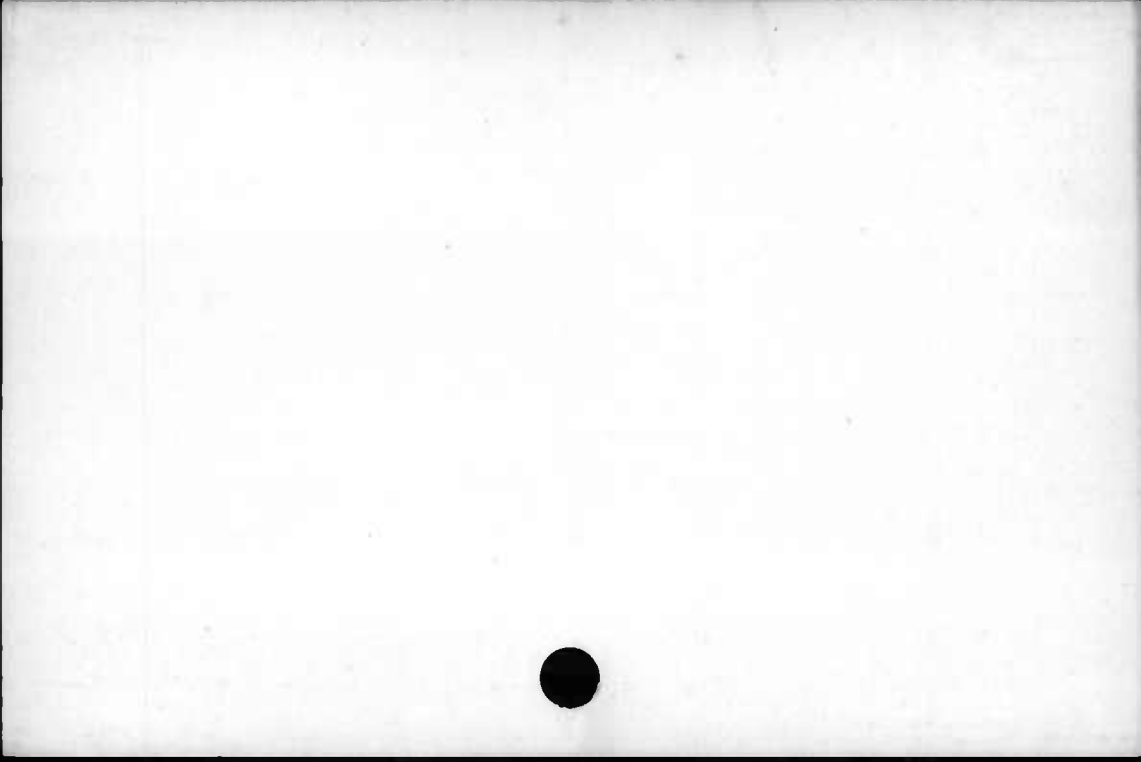
yes

Signature of Physician

Address

E. J. Duke M.D.
Cumberland Md

Accident or Suicide



Name
in
Full

Owen Logsdon -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Eckhart Mines ^{County} Allegany MARYLAND

Date of death 1906 ^{Month} Aug ^{Day} 17 Age ^{Years} 25 ^{Months} 11 ^{Days} 7

Sex Male Color or Race white Birth-place Allegany Co. Md.

Occupation Miner Where Residing if not at place of death Eckhart Mines

Married, ~~Single~~ or Widowed Name of Wife or Husband Zillie Fleinger

Father's Name Samuel J. Logsdon Father's Birthplace Maryland

Mother's Maiden Name Annie Lewis Mother's Birthplace W. Va.

Name of person giving information James E. Logsdon How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Fracture of Pelvis, ^{closed} ^{Healed} How long 5 days.

Immediate Probably Hemorrhage How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

B. McManus M.D.
Eckhart Mines
Md.

Accident or Suicide?

770



Name

in Full

CERTIFICATE OF DEATH

Marcelus Lowe

Town

County

MARYLAND

Died at

Cumberland

Allegany

Date

Month

Day

Age

Years

Months

Days

of death 1906 Aug.

2

—

4

Sex

Male

Color or Race

Colored

Birth-place

Cumberland

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

George Lowe

Father's Birthplace

K. C.

Mother's Maiden Name

Georgia Taylor

Mother's Birthplace

Cumberland

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

Cholera Infantum

How long

2 wks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. J. J. Wilson

Address

2 Cumberland
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rickardson Menger McClunock

Died at <i>Bridgeshaft</i> ^{Town}		<i>Alley</i> ^{County}		MARYLAND	
Date of death 190	<i>6</i> ^{Month}	<i>17</i> ^{Day}	Age <i>5</i> ^{Years}	<i>5</i> ^{Months}	<i>23</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>w</i>		Birth-place <i>Bridgeshaft</i>		
<input checked="" type="checkbox"/> Married, Single or Widowed			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm McClunock</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Elizabeth Menger</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Wm McClunock</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 weeks</i>
Immediate <i>Convulsions</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Griffith</i>
	Address <i>Terre Haute Ind</i>
Accident or Suicide?	

Ally Cuneberg

G. Lang & Mayer

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>T. J. McCormick</i>		Town <i>Chamberland</i>		County <i>Anne</i>		STATE MARYLAND	
Died at <i>Chamberland</i>		Month <i>8</i>		Day <i>30</i>		Years <i>38</i>	
Date of death <i>1906</i>		Month <i>8</i>		Day <i>30</i>		Years <i>38</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Wash. Co</i>			
Occupation <i>Fireman</i>		Where Residing if not at place of death <i>Chamberland Md.</i>					
Name of Deceased <i>John McCormick</i>		Name of Wife or Husband <i>Ann</i>					
Father's Name <i>John McCormick</i>		Father's Birthplace <i>Wash Co</i>					
Mother's Maiden Name <i>Ann</i>		Mother's Birthplace <i>Wash Co</i>					
Name of person giving information <i>T. M. Hawson</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

Primary

How long

Immediate

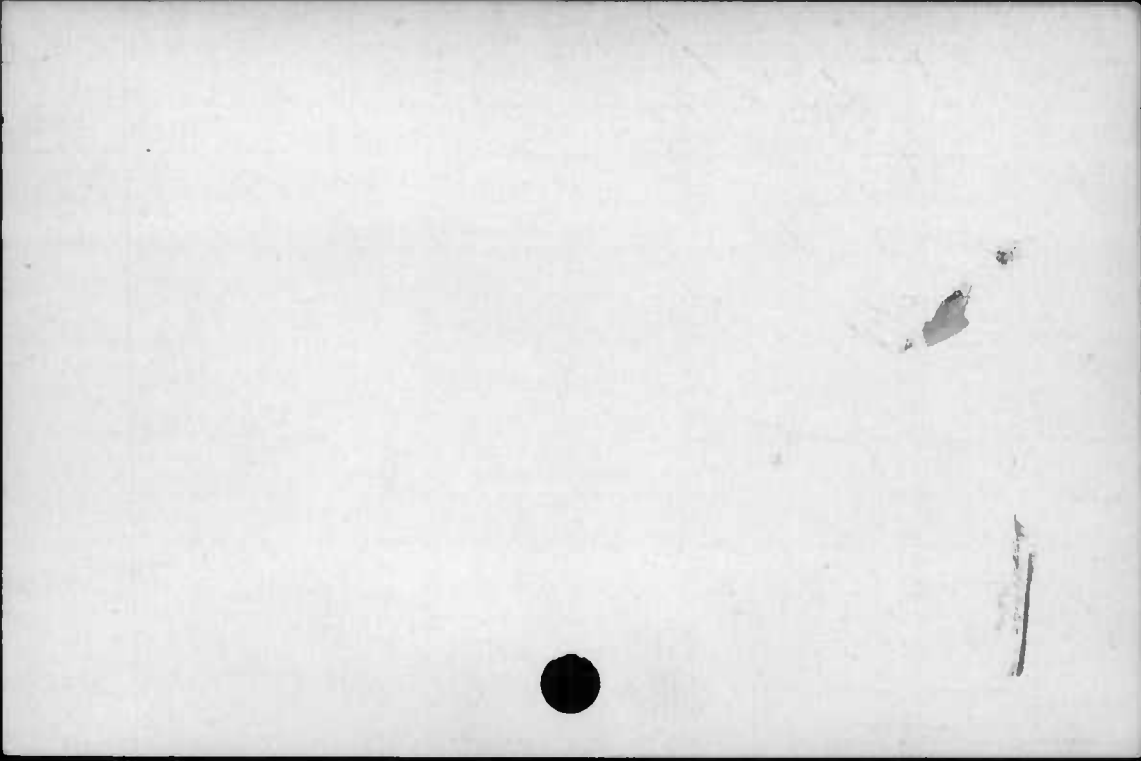
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident. *7-10-06*



Name
in
Full

John W. McFerran

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cumby

allergary

Date

Month

Day

Age

Years

Months

Days

of death

1906 aug

15

Age

13

Sex

Male

Color or
Race

White

Birth-
place

Cumbyland

Occupation

Where Residing if not
at place of death

Cumbyland Md

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John McFerran

Father's
Birthplace

Kennedy

Mother's
Maiden Name

Jennie Moncrief

Mother's
Birthplace

Cumbyland

Name of person giving
In formation

John McFerran

How related
to deceased

Father

CAUSES OF DEATH

Primary

Acute Bronchitis

How long

4 days

Immediate

—

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

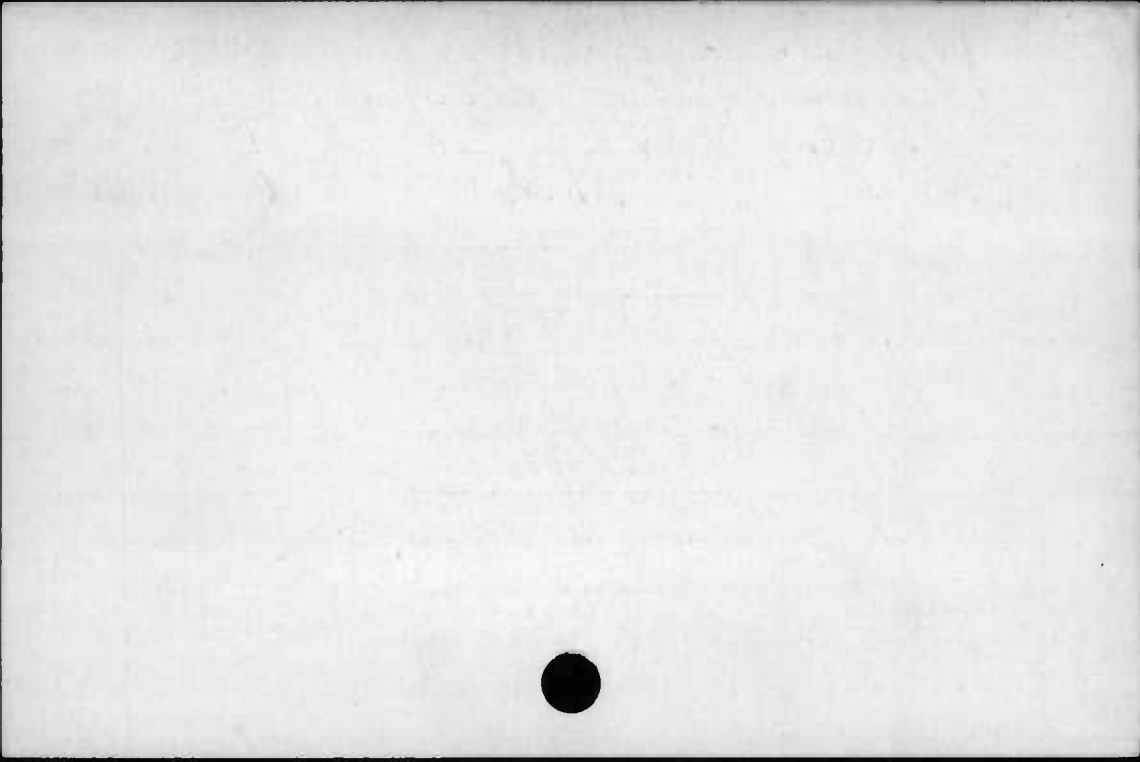
Address

H. M. Wiley
Cumbyland Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

Robert M. Kiser

Town

County

MARYLAND

Died at

Linneming Alligum

Date

Month

Day

Years

Months

Days

of death

1906

Aug

31

Age

—

3

Sex

Male

Color or
Race

White

Birth
place

Linneming

Occupation

refuse

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Matthew M. Kiser

Father's
Birthplace

Linneming

Mother's
Maiden Name

Mary Cullen

Mother's
Birthplace

Scotland

Name of person giving
information

Mrs Mary M. Kiser

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Premature birth

How long

—

Immediate

Anoxia

How long

3 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. B. Skilling
Linneming

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William McNeal

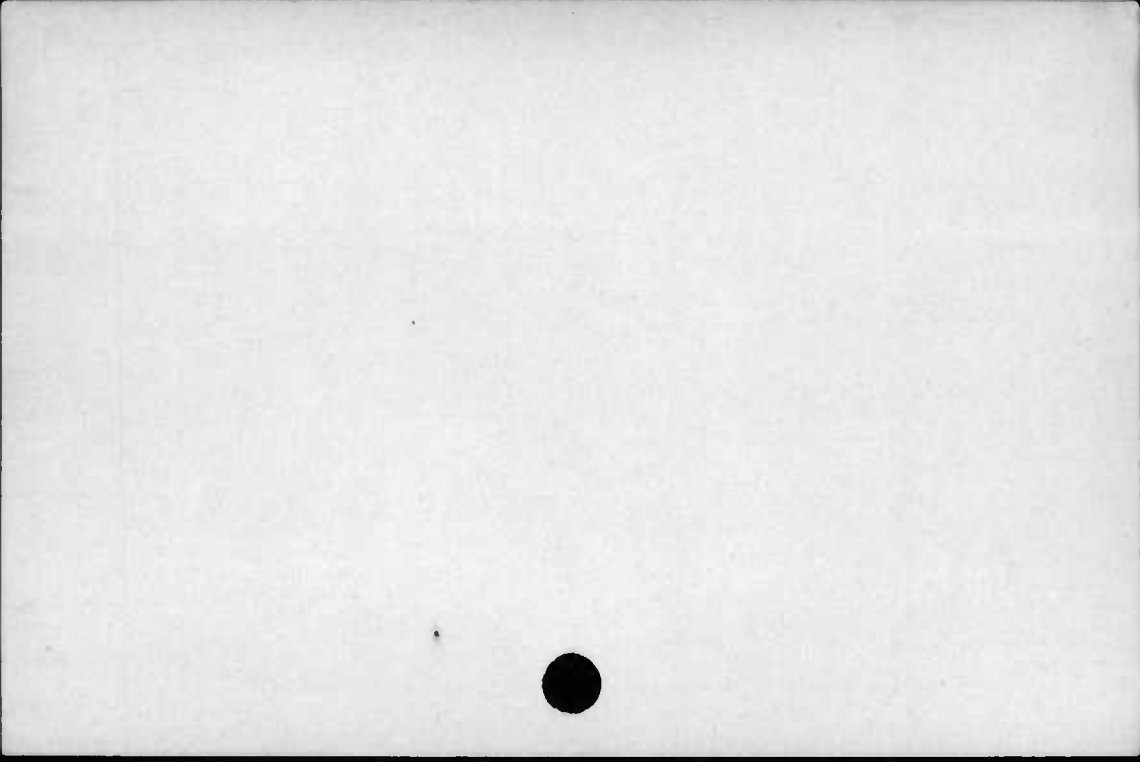
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lova</u> Town		<u>Alleyay</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>18</u>	Age <u>5-6</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Scotland</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm McNeal</u>		Father's Birthplace <u>Scotland</u>			
Mother's Maiden Name <u>Agnes Law</u>		Mother's Birthplace <u>Scotland</u>			
Name of person giving information <u>Mrs Miller</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Alcoholism</u>	(50)	How long <u>one month</u>
	Immediate <u>bleed suddenly, not seen by physician</u>		How long
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>James C. Bullock M.D.</u>	
	Address <u>Lansbury Ala.</u>		
	Accident or Suicide? <u>no</u>		



Name
in
Full

Mary Catherine Mackiet

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Eckhart Mines		Towson		Allegany		County		MARYLAND	
Date of death		1906		Aug.		23		Age		40	
Sex		Female		Color or Race		White		Birth-place		Maryland	
Occupation		Housewife		Where Residing if not at place of death		X		X		X	
Married, Single Widowed		Name of Wife or Husband		Edward Mackiet							
Father's Name		Edward Deal		Father's Birthplace		Germany					
Mother's Maiden Name		Mary Catherine Mackiet		Mother's Birthplace		X		X			
Name of person giving information		Henry Deal		How related to deceased		1 Mother					

CAUSES OF DEATH

PHYSICIAN
OR CDRONER

Primary

Gastritis

How long

2 weeks.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. M. Parnwell

Eckhart Mines
Md.

Accident or Suicide?

Isom

Eckhart County -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smearning</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death	1906	Month	Aug	Day	17
Age	Years		Months		Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Smearning</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Patrick Mansfield</i>		Father's Birthplace <i>Barton M^c</i>			
Mother's Maiden Name <i>Elizabeth Rowan</i>		Mother's Birthplace <i>Smearning</i>			
Name of person giving information <i>Mrs Mansfield</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus from birth</i>	How long	<i>3 mos.</i>
Immediate	<i>Enteric Colic</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James O. Barlock M.D.</i>	
		Address <i>Smearning Md.</i>	
Accident or Suicide? <i>no</i>			



Name
In
Full

Bessie Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brown</i> Town		County <i>Alb</i>		MARYLAND	
Date of death 1906		Month <i>Aug</i>	Day <i>17</i>	Years <i>20</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Clerk</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>James Martin</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Mary Muir</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information		How related to deceased			

CAUSES OF DEATH

Primary <i>Pulmonary Tubercular</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long <i></i>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

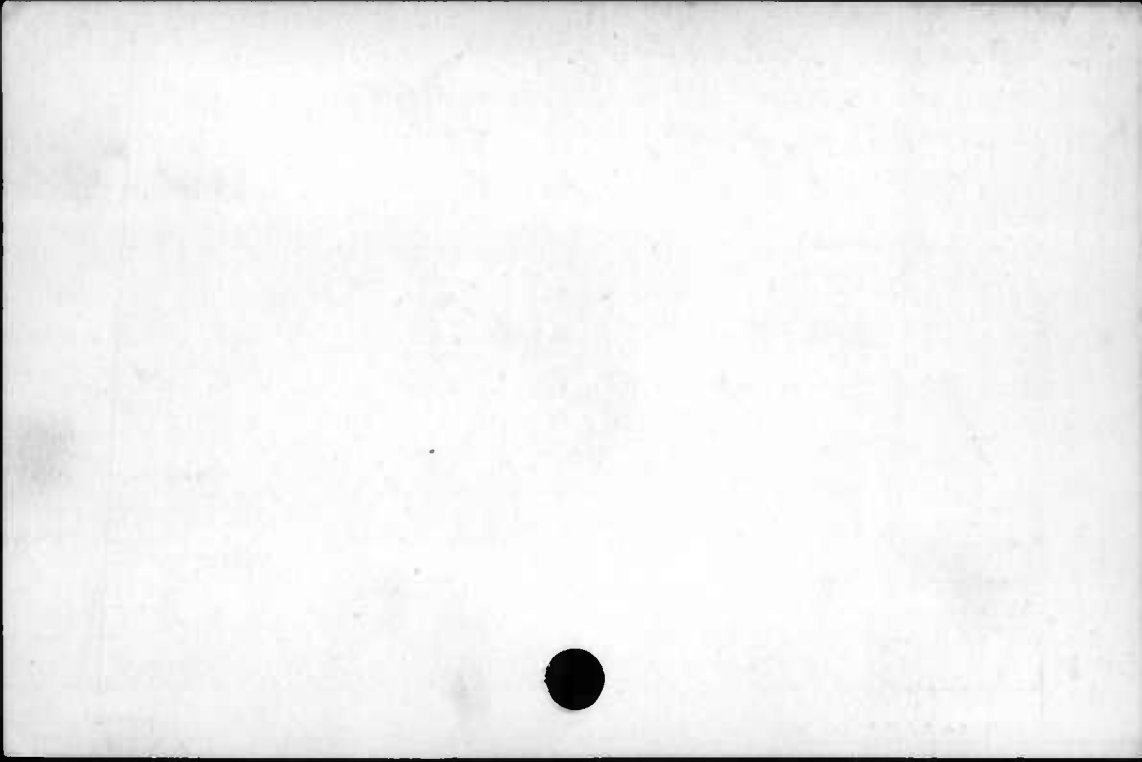
J. H. Jochimsen

Address

Cumbe Land Md.

Accident or Suicide?

Flight



Name in Full		Louis Martin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bud Searcy		Allegany		MARYLAND	
	Date of death 190	6	Aug	6 th	Age	26	
	Sex	Male		Color or Race	White		Birth- place
	Married, Single or Widowed	Married		Occupation	Miner		
	Name of Wife or Husband	Eva Watkins					
	Father's Name	Henry Martin				Father's Birthplace	Bud Searcy
PHYSICIAN OR CORONER	Mother's Maiden Name	Mary Crudorf				Mother's Birthplace	Pa
	Name of person giving In formation	M. S. Black				How related to deceased	none
	<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(160)</div>						
PHYSICIAN OR CORONER	Primary	Tear & Strain of head from fall				How long	
	Immediate	Shock & hemorrhage				How long	2 hours
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	H. Allen S. Murray
	Address					Bud Searcy	
Accident or Suicide?		Accident					



Name
in
Full

William Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eckhart Mines</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>aug</u> ^{Month}	<u>9</u> ^{Day}	Age <u>—</u> ^{Years}	<u>9</u> ^{Months}	<u>2</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth place <u>Eckhart Mines</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>Eckhart Mines</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Fether's Name <u>William Morgan</u>			Father's Birthplace <u>Frostburg Md</u>		
Mother's Maiden Name <u>Rella Porter</u>			Mother's Birthplace <u>Eckhart Mines</u>		
Name of person giving Information <u>Owan E Morgan</u>			How related to deceased <u>Nephew</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Whooping Cough</u>	How long <u>2 wks</u>
Immediate <u>Cerebral Pneumonia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo C Hollsworth</u>
	Address <u>Eckhart Mines Md</u>
Accident or Suicide? <u>—</u>	

1
\$ 100
every

Name
In
Full

CERTIFICATE OF DEATH

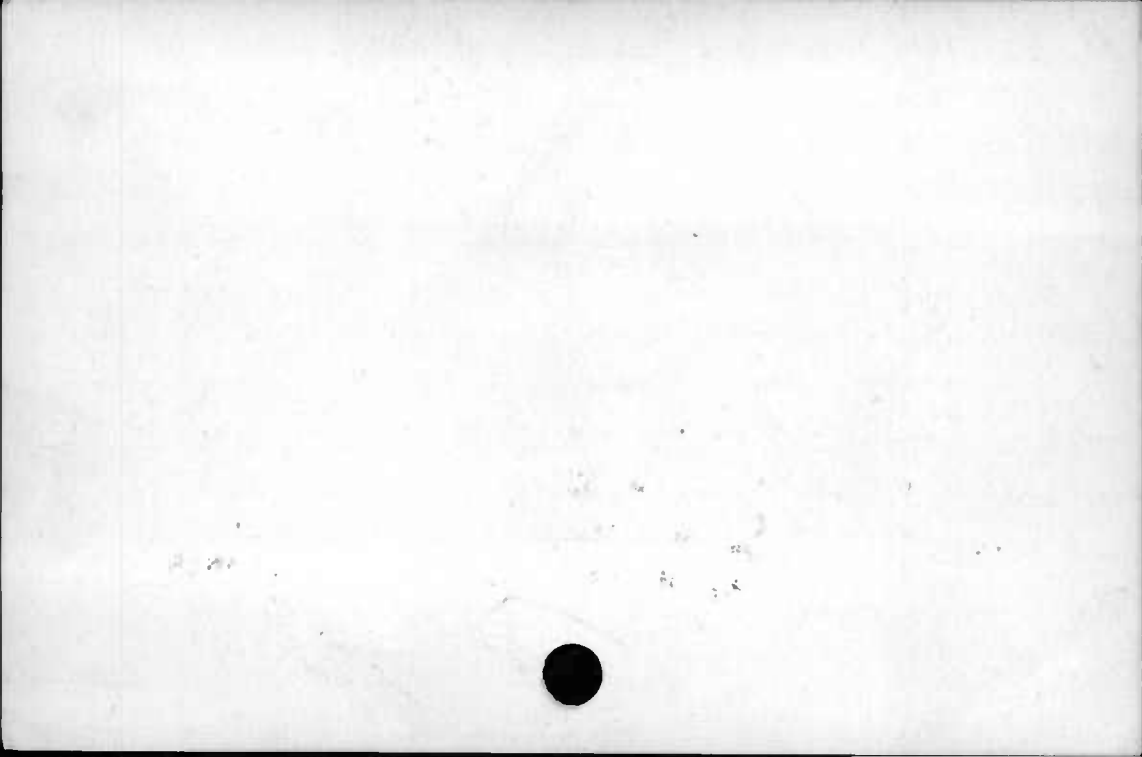
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Green</i> Town		County <i>Alle</i>			
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>3</i>	Age <i>26</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>West Va</i>		
Occupation <i>Fireman</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ellen Green</i>				
Father's Name <i>James Mudge</i>	Father's Birthplace <i>West Va</i>				
Mother's Maiden Name <i>Frazer</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>William Mudge</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH.

PHYSICIAN OR CORONER	Primary	<i>Killed by Rail Road Engine</i>	How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Matz</i> Coroner
	<i>LOUIS STEIN</i>		
	Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> <small>Town</small>			<i>Allegany</i> <small>County</small>			MARYLAND		
Date of death	<i>1906</i>	<i>8</i> <small>Month</small>	<i>31</i> <small>Day</small>	<i>—</i> <small>Age</small>	<i>—</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>—</i> <small>Days</small>	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm. Bennett</i>						Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Annie Bennett</i>						Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Harry Bennett</i>						How related to deceased <i>grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>3 weeks</i>
Immediate	<i>4</i>	How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Spier</i>	
		Address <i>Frostburg Ind</i>	
Accident or Suicide? <i>—</i>			

G. W. M.

Name
in
Full

Malottor Paper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eckhart Mine</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Aug</i> ^{Month}	<i>14</i> ^{Day}	Age <i>1</i> ^{Years}	<i>9</i> ^{Months}	<i>13</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Eckhart Mine</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>Eckhart Mine</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>William J. Paper</i>	Father's Birthplace <i>Eckhart Mine</i>				
Mother's Maiden Name <i>Mary Estel Hollister</i>	Mother's Birthplace <i>Eckhart Mine</i>				
Name of person giving information <i>Wm J Paper</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping cough</i>	How long <i>Two weeks</i>
Immediate <i>asthenia</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Gas C Holdsworth</i>
	Address <i>Eckhart Mine</i>
	<i>Maryland</i>
Accident or Suicide?	

Henry E. Mayor.
Porter County
Indiana Md

Name
in
Full

Annie Loretta Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Months	Days	
1906		August	Monday	Four	Sept	29	
Sex	Female		Color or Race	White		Birth-place	Barlase
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Daniel Charles Price		Father's Birthplace	
						Frostburg	
Mother's Maiden Name				Elizabeth Loretta Price		Mother's Birthplace	
						Westernport Md	
Name of person giving information				Father		How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Antivenereal	How long	15	How long	15
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Dr. W. M. Lane			
		Address			
		Frostburg Md.			
Accident or Suicide?					

G & W
Perry

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jeannette Rankin</i>		Town <i>Frostburg</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at <i>Frostburg</i>		Date of death <i>1906 Aug 9</i>		Age <i>73</i>		Months <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Scotland</i>		Days <i>2</i>	
Occupation <i>✓</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Alexander</i>					
Father's Name <i>✓</i>		Father's Birthplace					
Mother's Maiden Name <i>✓</i>		Mother's Birthplace					
Name of person giving information <i>Reuben Anthony</i>		How related to deceased <i>Son in Law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma Stomach</i>	How long <i>1 Year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. J. L. Conroy</i>
	Address <i>Frostburg Md</i>
Accident or Suicide?	

~~Gray~~

777

Name
in
Full

Harritt Rees

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Frostburg* ^{County} *Cecy* **MARYLAND**
Date of death *1906* ^{Month} *Aug* ^{Day} *12* ^{Age} *27* ^{Years} *1* ^{Months} *27* ^{Days}
Sex *F* Color or Race *W* Birth-place *Frostburg*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—*

Name of Wife or Husband *—*

Father's Name

Geo Rees

Father's Birthplace

Wales

Mother's Maiden Name

Mary J. Brown

Mother's Birthplace

Frostburg

Name of parson giving information

Geo Rees

How related to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inanition

(15)

How long

Since birth

Immediate

—

How long

—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician


Dr. Griffith

Address

Frostburg

Accident or Suicide?

G. S. Lang & E. Mayer
Ally. Cemetery

Name in Full		William J. Ross				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Bartok</i>		County <i>Allegheny</i>		MARYLAND
	Date of death 1906	Month <i>Aug</i>	Day <i>30</i>	Age	Years <i>29</i>	Months <i>4</i>	Days <i>21</i>
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place <i>Gambel Co</i>
	Married, Single or Widowed	<i>Married</i>		Occupation	<i>Farm Laborer</i>		
	Name of Wife or Husband <i>May Simpson</i>						
	Father's Name <i>Wm J Ross</i>				Father's Birthplace <i>Allegheny</i>		
	Mother's Maiden Name <i>Mary C. Michaels</i>				Mother's Birthplace <i>Ally Co</i>		
Name of person giving information <i>John P. Ross</i>				How related to deceased <i>Brother</i>			
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		<i>Acute Indigestion</i>			How long <i>One day</i>	
	Immediate		<i>Heart failure</i>			How long <i>X</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>J. A. Boucher</i>		
					Address 		
Accident or Suicide?							



Name
in
Full

Cam Scott

CERTIFICATE OF DEATH

MARYLAND

Died at *Valle Sunnuch* Town*Alley* CountyDate
of death 1906

Month 8

Day 20

Age

Years

Months 5

Days

Sex

*Female*Color or
Race*white*Birth-
place*Valle Sunnuch*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Cam Scott*Father's
Birthplace*Ind*Mother's
Maiden Name*Barbara F. Talbot*Mother's
Birthplace*Ind*Name of person giving
In formation*Jos. Scott*How related
to deceased*father*

CAUSES OF DEATH

Primary

Whooping Cough

How long

1 mo

Immediate

Pneumonia

How long

*3 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Green
Frostburg Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

W. L. C. C.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Mrs Christina Shoery
 Died at Cumtland ^{Town} allergany co ^{County}
 Date of death 1906 ^{Year} aug ^{Month} 10 ^{Day} 47 ^{Age} 47 ^{Years} 10 ^{Months} 0 ^{Days}

CERTIFICATE OF DEATH

MARYLAND

Sex FemaleColor or
RaceWhiteBirth-
placeRumney

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameRobert MullsdyFather's
BirthplaceRumneyMother's
Maiden NameSister WhiteMother's
BirthplaceName of person giving
In formationW. T. MullsdyHow related
to deceased

CAUSES OF DEATH

Primary

How long

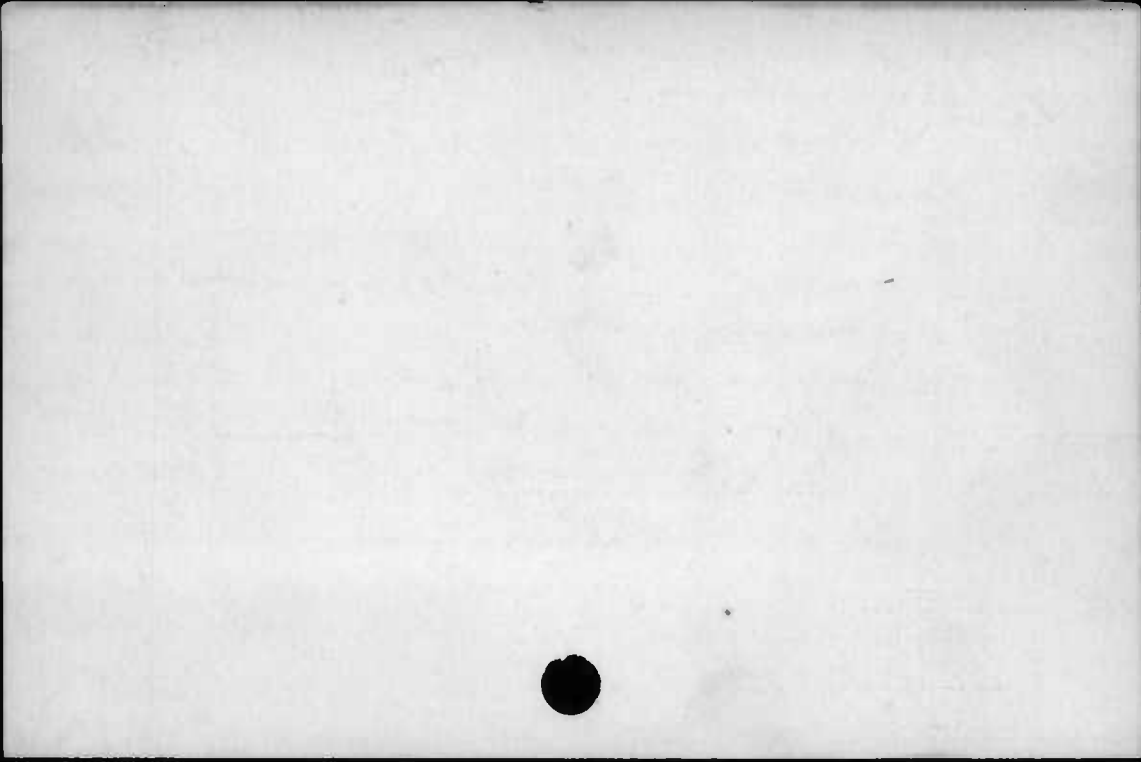
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Town Frothingham</i>		County		
		Date of death <i>1906 Aug Thursday</i>		Age <i>71</i>	Months <i>9</i>	Days <i>2</i>
		Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>		
		Occupation <i>Miner</i>		Where Residing if not at place of death		
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Catharine Steel</i>			
		Father's Name <i>Harmon Steel</i>	Father's Birthplace <i>Germany</i>			
		Mother's Maiden Name <i>Catharine Fralick</i>	Mother's Birthplace <i>Germany</i>			
		Name of person giving information <i>William Steel</i>	How related to deceased <i>Son</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	<i>Cancer of Stomach</i>		How long	<i>(40)</i>	
	Immediate	<i>"</i>		How long	<i>"</i>	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. O. McLane</i>			
			Address			
	Accident or Suicide? <i>?</i>					

778
Puey

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Alleg</i>		MARYLAND	
Date of death	1906	Month	Aug	Day	10
Age		63		Months	
Sex	F		Color or Race	W	
Occupation	<i>Hawcumber</i>		Where Residing if not at place of death	<i>England</i>	
Maid, Single or Widowed			Name of Wife or Husband	<i>John H Switzer</i>	
Father's Name	<i>Geo' Kear</i>		Father's Birthplace	<i>England</i>	
Mother's Maiden Name			Mother's Birthplace	<i>England</i>	
Name of person giving information	<i>Wm Switzer</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>3 1/2 weeks</i>
Immediate	<i>Chronic heart-failure</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. H. Switzer</i>
		Address	<i>Frederick Md</i>
Accident or Suicide?			

Go Lang & May or
Alley. C. L. Lang

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

~~Mary~~ *Thelma Isabelle Fabler*

Town *Cumtand* County *aregay* MARYLAND

Died at *Cumtand*

Date of death *1906* Month *aug* Day *13* Age *—* Years *—* Months *one* Days *—*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Robert Adam Fabler* Father's Birthplace *Md*

Mother's Maiden Name *Margrith Hausholder* Mother's Birthplace *West Va*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *2 Weeks.*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J James Wilson*

Address *Cumtand Md*

WILSON

Accident or Suicide? *LOUIS STEIN*

198

Rue St

Name
in
Full

Rachel Taylor

CERTIFICATE OF DEATH

Died at Lova Town allgany County MARYLAND

Date of death 1906 Month Aug Day 28 Age 70 Years Months — Days —

Sex Female Color or Race white Birthplace Scotland

Occupation Housewife (Invalid) Where Residing if not at place of death —

Married, Single or Widowed Married Name of ~~Wife~~ Husband Henry Taylor

Father's Name Thyges Russell Father's Birthplace Scotland

Mother's Maiden Name Rachel Reeve Mother's Birthplace Scotland

Name of person giving information Henry Taylor How related to deceased Husband

CAUSES OF DEATH

Primary Catastrophic stroke, Invalid for 8 years How long 8 years

Immediate Exhaustion How long 3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

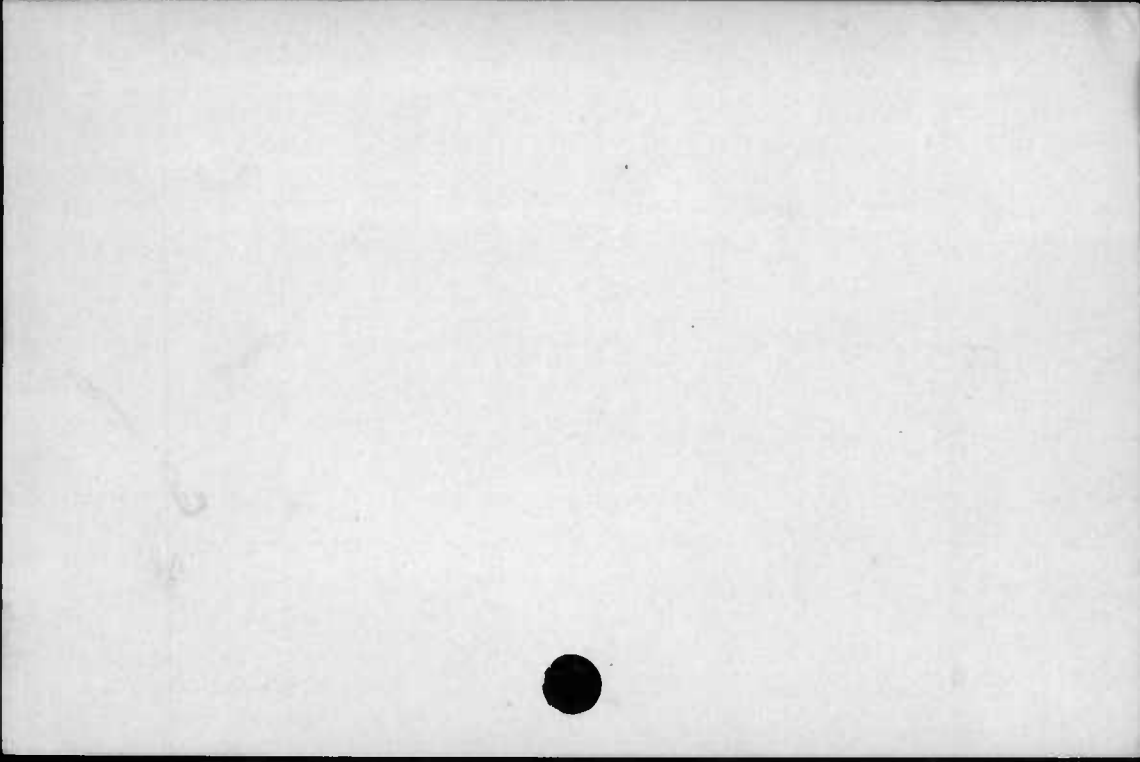
Address

James O. Bullard, MD

Lova cemetery Ave

Accident or Suicide?

noTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

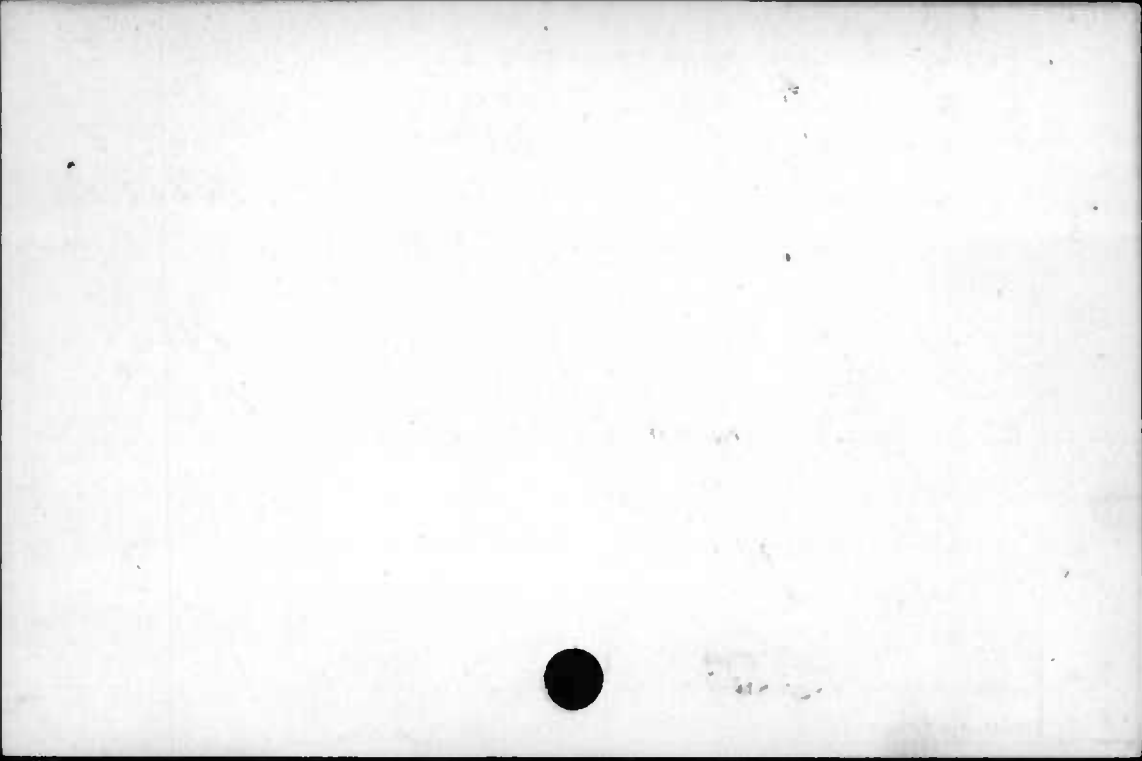
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Albert Troutman		Town Cumms		County Alle		State MARYLAND	
Died at Cumms		Month Aug		Day 14		Age 1	
Date of death 1906		Month Aug		Day 14		Age 1	
Sex Male		Color or Race White		Birth-place Ind		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Charles Troutman		Father's Birthplace Ind					
Mother's Maiden Name Rose Mober		Mother's Birthplace Ind					
Name of person giving information Charles Troutman		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart failure	How long	12 hrs.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr Thos Koon	
Address Cumberland		Address Koon	
Accident or Suicide?		State Ind	



Name
In
Full

CERTIFICATE OF DEATH

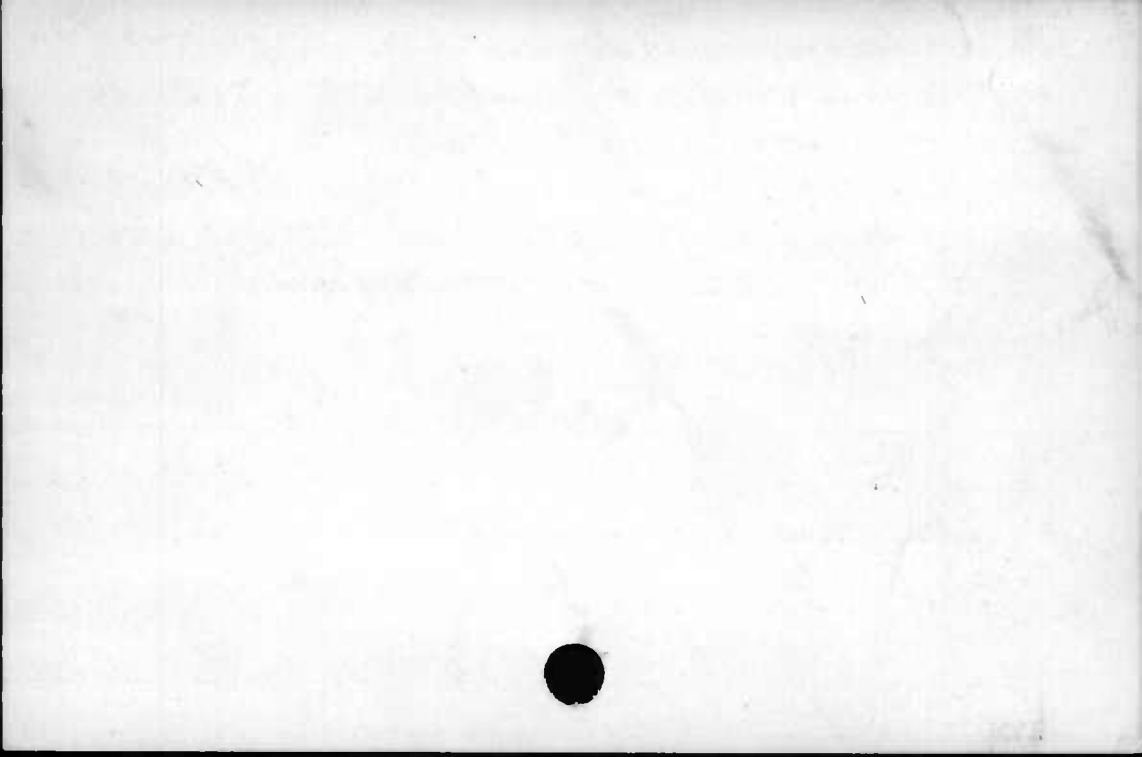
TO BE ANSWERED BY
NEAREST FRIEND

Name In Full		Mrs Susan Whinn				County		TOWN		Died at		Cumberland		All		MARYLAND	
Date of death		1906		Aug		17		Age		70		Months		Days			
Sex		Female		Color or Race		White		Birth- place		West Va							
Occupation		housewife		Where Residing if not at place of death													
Married, Single or Widowed		Married		Name of Wife or Husband		John Whinn											
Father's Name				Father's Birthplace													
Mother's Maiden Name				Mother's Birthplace													
Name of person giving in formation		J G Poling		How related to deceased		Son-in-law											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Chronic Bronchitis		(91)		How long		4 or 5 years	
Immediate		Asphyxia				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. L. Hodge			
LOUIS STEIN		Address		Cumberland Md.					
Accident or Suicide?				Hodge					



Name in Full		William Webb				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Burr		County		allu
	Date of death		1906	Month	Aug	Day	24
			Age		Years	Months	Days
	Sex		Female		Color or Race		White
	Occupation				Birth-place		West Va
					Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Harry S Webb				Father's Birthplace	
Mother's Maiden Name		Ida Eddy				Mother's Birthplace	
Name of person giving information		Harry S Webb				How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Drowning		How long		27 days
	Immediate		Drowning		How long		27 days
	Are the name, age, sex, color, date and place correctly given above?		jsb		Signature of Physician		W. W. Wiley
					Address		Leicester, Md
	Accident or Suicide?						Wiley

18 May 1944

Name
in
Full

Thomas M Wilson

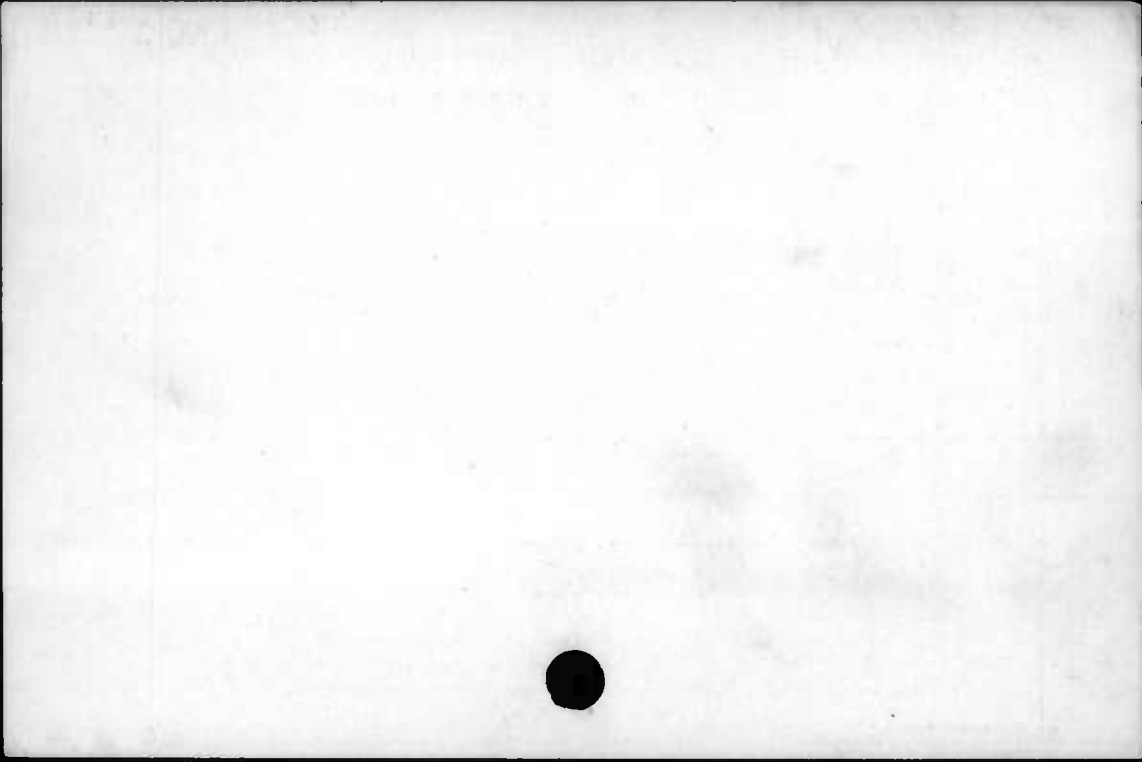
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland		County		allegany.		MARYLAND	
Date of death		1906	Month	Aug.	Day	14	Age	87	Years
Sex		Male		Color or Race		White		Birth-place	
Occupation		Miner		Where Residing if not at place of death		Ocean, Md.			
Married, Single or Widowed		Married		Name of Wife or Husband		Alice Wilson			
Father's Name				Father's Birthplace					
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information		Patrick B. Hughes		How related to deceased		Grandson			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Struck by R R Train	How long	100
	Immediate	Killed by R R Train	How long	10 hrs.
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		A H Hewkins	
Address		Cumberland		
Accident or Suicide?		Stein		



Name
in
Full

CERTIFICATE OF DEATH

Francis Winfield

Town

County

MARYLAND

Died at near Cumberland

Allegheny

Date
of death 1906

Month

aug

Day

9

Age

Years

82

Months

5

Days

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

-

Father's
Name

-

Father's
BirthplaceMother's
Maiden Name

-

Mother's
BirthplaceName of person giving
In formation

John Winfield

How related
to deceased

Son.

CAUSES OF DEATH

Primary

Old age

How long

4 mo.

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. Edw. Harris

LOUIS STEIN.

Address

Chamberland
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

